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LAGUNA HONDA HOSPITAL REPLACEMENT

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FINAL ENVIRONMENTAL IMPACT REPORT FILE NO. 2000.005E STATE CLEARINGHOUSE NO.2001022015

DRAFT EIR PUBLICATION DATE: DECEMBER 1, 2001

DRAFT EIR PUBLIC HEARING DATE: JANUARY 10, 2002

DRAFT EIR PUBLIC COMMENT PERIOD:
DECEMBER 1, 2001 THROUGH JANUARY 16, 2002

SUMMARY OF COMMENTS AND RESPONSES
PUBLICATION DATE: JUNE 17, 2002

FINAL EIR CERTIFICATION DATE: JUNE 27, 2002

D
REF
711.555
L138f

ACRONYMS USED IN THIS EIR

AB	Assembly Bill	Ldn	Day-Night Noise Level
AC Transit	Alameda-Contra Costa Transit	Leq	Equivalent Noise Level
AST	Aboveground Storage Tank	LOS	Level of Service
AVO	Average Vehicle Occupancy	LPAB	Landmarks Preservation Advisory Board
BAAQMD	Bay Area Air Quality Management District	msl	Mean Sea Level
BART	Bay Area Rapid Transit	MUNI	San Francisco Municipal Railway
Cal-OSHA	California Division of Occupational Safety & Health	NPS	National Park Service
CEQA	California Environmental Quality Act	NRHP	National Register of Historic Places
CMS	Centers for Medicare and Medicaid Services	OHP	State Office of Historic Preservation
CNEL	Community Noise Equivalent Level	OSHA	Occupational Safety & Health Administration
CRHR	California Register of Historical Resources	OSHPD	Office of Statewide Health Planning & Development
dB	Decibel	PCBs	Polychlorinated Biphenyls
dBA	A-weighted Decibel	REA	Registered Environmental Assessor
DBI	Department of Building Inspection	SFDPH	San Francisco Department of Public Health
EIR	Environmental Impact Report	SHRC	State Historical Resources Commission
FEMA	Federal Emergency Management Agency	SNF	Skilled Nursing Facility
FTE	Full Time Equivalent	TDM	Transportation Demand Management
I-280	Interstate 280	UST	Underground Storage Tank
I-80	Interstate 80	WPA	Works Progress Administration
HCFA	Health Care Financing Administration	YGC	Youth Guidance Center

Final Environmental Impact Report

a Honda Hospital Replacement

San Francisco Planning Department

File No. 2000.005E

State Clearinghouse No. 2001022015

Draft EIR Publication Date: December 1, 2001

Draft EIR Public Hearing Date: January 10, 2002

Comment Period: December 1, 2001 through January 16, 2002

Summary of Comments and Responses Publication Date: June 17, 2002

Final EIR Certification Date: June 27, 2002



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REFERENCE BOOK

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Changes to the EIR after certification are indicated by a symbol ■ inserted in the margin

SAN FRANCISCO
CITY PLANNING COMMISSION

MOTION NO. 16452

**ADOPTING FINDINGS RELATED TO THE CERTIFICATION OF A FINAL ENVIRONMENTAL
IMPACT REPORT FOR THE PROPOSED LAGUNA HONDA HOSPITAL REPLACEMENT
PROJECT AT 375 LAGUNA HONDA BOULEVARD IN THE TWIN PEAKS AREA OF SAN
FRANCISCO, ASSESSOR'S BLOCK 2842, LOT 7.**

MOVED, That the San Francisco Planning Commission (hereinafter "Commission") hereby CERTIFIES the Final Environmental Impact Report identified as Case File No. 2000.0005E: Laguna Honda Hospital Replacement Project, (hereinafter "Project") based upon the following findings:

1) The City and County of San Francisco, acting through the Planning Department (hereinafter "Department") fulfilled all procedural requirements of the California Environmental Quality Act (Cal. Pub. Res. Code Section 21000 et seq., hereinafter "CEQA"), the State CEQA Guidelines (Cal. Admin. Code Title 14, Section 15000 et seq., hereinafter "CEQA Guidelines") and Chapter 31 of the San Francisco Administrative Code (hereinafter "Chapter 31").

a. The Department determined that an Environmental Impact Report (hereinafter "EIR") was required and provided public notice of that determination by publication in a newspaper of general circulation on February 3, 2001.

b. On December 1, 2001, the Department published the Draft Environmental Impact Report (hereinafter "DEIR") and provided public notice in a newspaper of general circulation of the availability of the DEIR for public review and comment and of the date and time of the Planning Commission public hearing on the DEIR; this notice was mailed to the Department's list of persons requesting such notice.

c. Notices of availability of the DEIR and of the date and time of the public hearing were posted near the project site by the project sponsor on or about December 1, 2001.

d. On or about December 1, 2001, copies of the DEIR were mailed or otherwise delivered to a list of persons requesting it, to those noted on the distribution list in the DEIR, to adjacent property owners, government agencies, and the State Clearinghouse.

e. Notice of Completion was filed with the State Secretary of Resources via the State Clearinghouse on or about December 1, 2001.

2) The Commission held a duly advertised public hearing on said DEIR on January 10, 2002, at which opportunity for public comment was given, and public comment was received on the DEIR. The period for acceptance of written comments ended on January 16, 2002.

- 3) The Department prepared responses to comments on environmental issues received at the public hearing and in writing during the 47-day public review period for the DEIR, prepared revisions to the text of the DEIR in response to comments received or based on additional information that became available during the public review period, added Partial Preservation Alternative Three, and corrected errors in the DEIR. This material was presented in a "Draft Comments and Responses" document, published on June 17, 2002, and distributed to the Commission and to all parties who commented on the DEIR, and was available to others upon request at Department offices.
- 4) The addition of Partial Preservation Alternative Three, new and modified mitigation measures, and other text changes fully described in the aforementioned Draft Comments and Responses document, conform with CEQA requirements for adding information to an environmental impact report. Based on substantial evidence in light of the entire record, including, but not limited to, the Comments and Responses document, such information does not require recirculation under CEQA Guidelines Section 15088.5. In addition, no other significant new information has been presented or identified that would require recirculation under Section 15088.5.
- 5) A Final Environmental Impact Report ("FEIR") has been prepared by the Department, consisting of the DEIR, any consultations and comments received during the review process, any additional information that became available, and the Comments and Responses all as required by law.
- 6) Project EIR files have been made available for review by the Commission and the public. These files are available for public review by appointment at the Department offices at 1660 Mission Street, and are part of the record before the Commission.
- 7) The project sponsor has indicated that the current preferred alternative for the Laguna Honda Hospital Replacement Project is Partial Preservation Alternative Three, described in the FEIR.
- 8) On June 27, 2002, the Commission reviewed and considered the FEIR and hereby does find that the contents of said report and the procedures through which the FEIR was prepared, publicized and reviewed comply with the provisions of CEQA, the CEQA Guidelines and Chapter 31 of the San Francisco Administrative Code.
- 9) The Planning Commission hereby does find that the FEIR concerning File No. 2000.0005E: Laguna Honda Hospital Replacement reflects the independent judgment and analysis of the City and County of San Francisco, is adequate, accurate and objective, and that the Comments and Responses document contains no significant revisions to the DEIR, and hereby does CERTIFY THE COMPLETION of said FEIR in compliance with CEQA and the CEQA Guidelines.

10) The Commission, in certifying the completion of said FEIR, hereby does find that the project described in the FEIR and the alternative preferred by the project sponsor, described as Partial Preservation Alternative Three in the FEIR, will have project-specific significant, unavoidable environmental impacts that could not be mitigated to a level of nonsignificance by: 1) causing construction noise levels that would periodically exceed hospital interior noise guidelines in hospital rooms located closest to construction activities; 2) resulting in partial demolition of the Main Hospital Building and the complete demolition of all other hospital buildings, which are part of the complex that has been formally determined eligible for the National Register of Historic Places as a historic district; and 3) resulting in partial demolition of the Main Hospital Building and Clarendon Hall, which appear eligible for listing on the National Register of Historic Places as individually significant.

I hereby certify that the foregoing Motion was ADOPTED by the Planning Commission at its regular meeting of June 27, 2002.

Linda Avery
Commission Secretary

AYES: Baltimore, Chinchilla, Joe, Lim, Salinas, Theoharis
NOS: None
ABSENT: Fay
ADOPTED: June 27, 2002

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INTRODUCTION ■

Subsequent to certification of the EIR, minor changes were made to the text to correct typographical errors and make the revised document consistent, and to reflect information disclosed when the document was brought before the San Francisco Board of Supervisors on appeal. These changes are indicated in the Final EIR by a symbol ■ inserted in the margin. (All changes made prior to certification are indicated by a symbol ● inserted in the margin.) None of the changes affects the analysis or conclusions of the EIR. A memorandum listing all of these changes is on file and available for review by appointment at the San Francisco Planning Department, 1660 Mission Street, as part of Case File 2000.005E.

1.0 SUMMARY

This section summarizes the information and analyses presented in the main body of this Environmental Impact Report (EIR). In accordance with the California Environmental Quality Act (CEQA) Guidelines, this summary includes information on the characteristics of the proposed project. The potential environmental effects of the proposed project and measures recommended to mitigate those potential impacts are discussed. The alternatives to the project as evaluated in this EIR are also addressed, along with the relationship of these alternatives to the impacts identified for the project and the objectives of the project.

A. PROJECT DESCRIPTION

A1. Background

The existing open ward arrangement of patient care areas in the Laguna Honda Hospital and Rehabilitation Center (Laguna Honda hospital) does not comply with current state and federal regulations, which allow for no more than four residents per room and no more than a 150-foot travel distance from a nurses' station to the entry into a resident's room. The hospital currently operates under special waivers from regulatory agencies; however, these waivers may be revoked at any time. In addition, existing hospital facilities do not comply with building code requirements related to fire and life safety; handicapped accessibility; mechanical ventilation, filtration, and air conditioning; and seismic safety.

On November 2, 1999, San Francisco voters approved Proposition A, a general obligation bond measure to replace Laguna Honda hospital. The proposed project would involve the replacement of most of the existing hospital facilities in order to bring Laguna Honda hospital into compliance with state and federal regulations.

As part of the CEQA process, an Initial Study was completed on February 2, 2001. The Initial Study examined the Laguna Honda hospital project to identify its potential effects on the environment. On the basis of the Initial Study, project-specific effects that have been determined to be potentially significant relate to visual quality (landform modification, view obstruction), transportation, noise (construction), and historic resources. In the Initial Study, the following effects of the Laguna Honda hospital project were determined to be less than significant or to be mitigated through measures included in the project: population, air quality, utilities/public services, biology, geology/topography, water, energy/natural resources, hazards (emergency response plans and fire hazards), and archaeological and

paleontological resources. These issues are discussed in the Initial Study (see **Appendix 1.0**) and require no further environmental analysis in this EIR, with the exception of air quality (shadow effects). Based on project design modifications subsequent to the Initial Study, a shadow section is provided in this EIR. In addition, as discussed in the Initial Study, impacts associated with land use and planning and hazards (hazardous materials, hazardous wastes, and soil and groundwater contamination) were found to be less than significant given mitigation measures included in the project. These issues, however, are discussed in the EIR for informational purposes.

A2. Project Location

The 62-acre Laguna Honda Hospital and Rehabilitation Center campus is located on the western slopes of Twin Peaks in central San Francisco. The project site is generally bounded by Dellbrook Avenue and Panorama Drive on the east, Clarendon Avenue and Olympia Way on the north, Woodside Avenue on the south, and Laguna Honda Boulevard on the west. The site is owned by the City and County of San Francisco and encompasses most of Assessor's Block 2842, Lot 7 (the remainder of the block is occupied by the Youth Guidance Center, an area with housing operated by the San Francisco Housing Authority, the Clarendon Avenue Pump Station, a fire station, and a San Francisco Municipal Railway [MUNI] electrical substation).

A3. Existing Conditions, Facilities, and Services

The existing hospital provides long-term health care services for the elderly and disabled residents of the City and County of San Francisco only. The hospital's services include skilled nursing care, hospice, rehabilitation, acute medical, senior nutrition, and adult day health services. The existing hospital buildings are mainly located in the southern and central portions of the site, and include the Main Hospital Building, Clarendon Hall, a bridge structure connecting these two buildings, and ancillary facilities, including a laundry building, boiler and power plant, shop buildings, farm building, garage, and greenhouse. The hospital currently operates with an average of 1,065 beds and employs about 1,500 total employees. As recently as Fiscal Year 1997-1998, the hospital has operated with up to about 1,200 beds and 1,600 employees.

The hospital campus is characterized by steeply-sloping topography, with surface elevation variations of about 230 feet and slope gradients from 15 to 60 percent. Elevations range from 390 feet above mean sea level (msl) in the northeastern portion of the site to 620 feet above msl, in the southeastern portion of the site. The existing vegetation includes mature eucalyptus and other exotic trees and landscaped areas, as well as small areas of native vegetation scattered along the northern portion of the site. The entire project site is within a P (Public Use) zoning district. The developed portions of the site are within the 80-D height and bulk district; the undeveloped portions of the site are in the OS (Open Space) height and bulk district.

A4. Proposed Project

The proposed project would involve the replacement of the existing hospital facilities, and the construction of additional facilities and parking spaces. The project includes: (1) demolition of most of the existing facilities; (2) retention and renovation of a portion of the existing Main Hospital; (3) construction of new hospital buildings; (4) construction of an assisted living facility; (5) expansion of the existing outpatient programs and services by about 25 percent; (6) reconfiguration of existing parking lots and the construction of a new parking lot; and (7) beautification of campus features visible to neighboring areas.

The proposed project would include demolition of all of the existing Laguna Honda hospital facilities, except the front part of the Main Hospital Building (i.e., Wings A, B, C, and H), and construction of replacement hospital buildings (i.e., Clarendon Hill West, Clarendon Hill East, Greenhouse Building, and Link Building) and a new assisted living facility. The replacement hospital buildings together with the existing building area to remain would total approximately 986,910 gross square feet, about 282,579 gross square feet more than the existing building area. The new hospital buildings would range from 4 to 7 stories tall, with a maximum height of 86.5 feet. The proposed assisted living facility would be 4 stories tall and about 50 feet in height. Buildout of the proposed project would accommodate 1,200 total hospital beds (about 135 more beds than are provided at the existing hospital, but about the same number as were provided at the hospital as recently as Fiscal Year 1997-1998), plus 140 assisted living beds. Existing off-street parking on the site would be reconfigured to provide 655 spaces, an increase of 52 parking spaces above existing parking capacity. The proposed off-street loading supply would include nine spaces at the new Main Hospital Building, and an additional two spaces at the proposed assisted living facility compared with approximately 22 loading spaces that currently exist throughout the hospital complex. The project includes the construction of a ramp that will comply with the Americans with Disabilities Act (ADA). The ramp would be located from Woodside Avenue up to the entry driveway of the Main Hospital Building.

The project would be implemented in three phases. Phase One would include the installation of temporary electrical and mechanical equipment to serve Clarendon Hall and the Main Hospital during construction, in addition to hazardous materials abatement activities. Phase Two would consist of the construction of two new hospital buildings and a new bridge building connecting some of the proposed buildings. During this phase, residents from Clarendon Hall would be relocated into the new Greenhouse Building. Phase Three would consist of two parts, Phase Three-A and Phase Three-B. The demolition of the existing Clarendon Hall and the construction of the Clarendon Hill West Building in its place would occur during Phase Three-A. Phase Three-B would involve the demolition of existing Wings D, E, F, G, K, L, M, and O of the Main Hospital. All residents would be relocated to the new hospital buildings prior to the demolition of the wings. Phase One is anticipated to begin in Fall 2002.

Phase Two is anticipated to begin in Fall 2003. Phase Three-A is anticipated to begin in Fall 2006, and

Phase Three-B is expected to begin in Summer 2009. The entire construction period is expected to take eight years, lasting until approximately Fall 2010.

Following publication of the Draft EIR, a public hearing will be held during a 45-day public review period. Response to comments received on the Draft EIR will be prepared after the close of the public review period. The Final EIR will consist of the Draft EIR and the response to comments. The Final EIR will be presented to the Planning Commission for certification as to its accuracy, objectivity, and completeness. The Planning Commission cannot take any action approving the proposed project until the Final EIR has been certified. In addition to EIR certification, the proposed project would require the following approvals:

- Zoning Map amendment;
- Conditional Use permit;
- Demolition and building permits; and
- San Francisco Art Commission Design Review.

Pursuant to Proposition M, the Planning Department, the Planning Commission, and Board of Supervisors would also be required to determine that the project is consistent with the Priority Policies.

B. ENVIRONMENTAL EFFECTS

B1. Land Use and Planning

The proposed project would be consistent with nearby existing and planned land uses. The project also would be consistent with the P (Public Use) zoning district designation for the site. The existing boundary line on the site between the 80-D and OS height and bulk districts may require a minor adjustment to accommodate the proposed site plan and building layout. An adjustment to the existing boundary line would require a Zoning Map amendment pursuant to Section 302 of the Planning Code. In addition, the project would not conform to the height or bulk requirements of the 80-D district. The tallest project building is 86.5 feet tall, which would require a rezoning from the 80-foot height district to the 90-foot height district. Pursuant to Section 271 of the Planning Code, deviations from bulk limits shall be permitted upon approval by the City Planning Commission according to the procedures for Conditional Use approval in Section 303 of the Code.

Based on the current schematic design the site plan and building layout differs somewhat from that proposed in the Institutional Master Plan; however, the overall proposed project would be consistent with the planned development and use of the site as outlined in the Institutional Master Plan. (The Laguna Honda hospital is not subject to the institutional master plan requirements of San Francisco Planning Code Section 304.5; the Planning Department uses the Laguna Honda Hospital Institutional Master Plan for informational purposes only.)

Once the Final EIR is certified, the Planning Department will be required to review the project for consistency with the General Plan, Planning Code, Institutional Master Plan, and Accountable Planning Initiative policies prior to granting any of the above-mentioned approvals and issuance of building and demolition permits by the Department of Building Inspection.

B2. Transportation, Circulation and Parking

Traffic generated by the proposed project would be associated with new construction of the Main Hospital, assisted living facility, and proposed outpatient program expansion. During the weekday PM peak hour, the Main Hospital would generate approximately 229 vehicle and transit trips, 26 of which would be net new trips. The assisted living facility would generate about 36 new vehicle trips, and the outpatient patient expansion services about 14 new vehicle trips.

The transportation impact analysis evaluated Existing Plus Project and future 2015 Cumulative traffic conditions. Five intersections in the project vicinity were analyzed. These include three signalized intersections (Dewey Boulevard/Laguna Honda Boulevard/Woodside Avenue; Woodside Avenue/O'Shaughnessy Boulevard/Portola Drive; and the Woodside Hospital Access Driveway, which is planned for signalization and improvements by Fall 2002). The two unsignalized intersections include Clarendon Avenue/Laguna Honda Boulevard and the Hospital Main Access Driveway. Under Existing Plus Project conditions, all intersections would operate at Level of Service (LOS) C or better. Under 2015 Cumulative operating conditions, the intersection of Woodside/O'Shaughnessy/Portola would worsen to operate at LOS E, and the westbound approach at the intersection of Clarendon Avenue/Laguna Honda Boulevard would worsen to operate at LOS F. The project would contribute 3 and 4 percent of the traffic, respectively, at these intersections, which would not be a considerable contribution to cumulative traffic impacts. The remaining intersections (including all stop-controlled approaches) would operate at LOS C or better under future 2015 Cumulative conditions.

The project would generate about 26 net new transit trips during the PM peak hour, which would not affect existing MUNI peak hour capacity utilization. The proposed project would provide 655 parking spaces, a net increase of 52 spaces over the existing 603 on-site designated parking spaces. The project would result in an unmet parking demand of 58 spaces, which could be partially accommodated on-site

and on adjacent major arterials. The proposed project is anticipated to result in a minimal increase in pedestrian and bicycle traffic in the vicinity of the project site. The project would provide a total of

nine off-street freight loading spaces, five more than the minimum number required by the Planning Code.

During the construction period, there would be a flow of construction-related trucks into and out of the site. The impact of construction truck traffic would be a temporary lessening of the capacities of streets due to the slower movement and larger turning radii of trucks, which would affect both traffic and MUNI operations. Based on preliminary construction plans, truck traffic would range from an average of seven trucks per day to a peak of 15 trucks per day. The peak truck traffic would occur during the first year of Phase Two, in 2004.

During construction, it is anticipated that construction-related and hospital employee and visitor parking could be accommodated within the project site.

The project would not result in significant transportation impacts under Existing Plus Project and future 2015 Cumulative traffic conditions. Construction traffic effects would not be considered significant.

B3. Visual Quality

The project site is characterized by steeply-sloping topography, with surface elevation variations of about 230 feet and slope gradients from 15 to 60 percent. The project site's visibility is somewhat limited due to a combination of intervening topography and existing vegetation, although unobstructed views of the site are available from publicly-accessible Twin Peaks Park.

Overall, the proposed project would involve the construction of new hospital buildings and a new parking lot, plus reconfiguration of other parking lots on campus, in an area that is already developed. The heights of the new buildings would be similar to those of the existing buildings on the site. The project would not substantially block or alter scenic vistas from public viewpoints in the area. Also, for the most part, the addition of the new buildings would not substantially change the character of the surrounding area. From Twin Peaks Park, however, the proposed hospital buildings would negatively affect the character of the surrounding area due to the large-scale and more visible nature of the proposed buildings. This is considered to be a significant impact. The project sponsor has agreed to implement mitigation measures described in **Section 4.0, Mitigation Measures** that would reduce this impact to a less-than-significant level.

Although the project involves the removal of trees, this action would not result in a significant change to the visual character of the area. The majority of trees proposed to be removed are within the site's

interior and would not affect the dense stand of trees located along the northern, eastern, and western perimeter of the site. The proposed project, therefore, would not result in a significant impact associated with tree removal.

The proposed project would create a shift in light sources and would introduce new light sources in certain portions of the hospital campus. These changes would not represent a new source of substantial light given the developed nature of the area. In addition, the proposed lighting fixtures would be designed to minimize glare and off-site impacts. Therefore, impacts associated with light and glare are considered less than significant.

B4. Construction Noise

The proposed project would involve a multi-phase construction period that would last about eight years. This EIR analysis considered the effects of estimated construction noise levels during each phase on sensitive receptors near the project site as well as on-site hospital residents. Determinations were made on the basis of the City Noise Ordinance, the potential for speech interference, and generally accepted thresholds for interior noise levels at hospitals.

Construction noise levels associated with trucks and pavers would, at times, exceed the City's Noise Ordinance 80-dBA noise limit (at 100 feet). This is considered to be a significant impact. Residents along Dellbrook Avenue would be the off-site sensitive receptors most affected by project construction noise. Although construction noise during all project phases would noticeably increase ambient noise levels at times at some Dellbrook residences, the impact would be less than significant because the noise would not interfere with speech. Residents of the senior housing just south of the project site would be subject to significant speech interference due to construction noise during Phase Three-B, when some of the existing Main Hospital Building wings would be demolished and during a later phase when an assisted living facility would be constructed. Some hospital residents could be significantly affected by noise at times during each phase of construction, because the estimated interior noise levels would be above 45 dBA. Therefore, the proposed project would result in a significant impact on hospital residents due to construction noise. The project sponsor has agreed to implement mitigation measures, as described in **Section 4.0, Mitigation Measures**, that would reduce all construction noise impacts to a less-than-significant level except for construction noise impacts to hospital residents, which would remain significant and unavoidable.

B5. Historic Architectural Resources

The proposed project at Laguna Honda hospital would result in the partial demolition of the Main

Hospital Building and the complete demolition all other hospital buildings: Clarendon Hall, bridge building, garage, laundry, boiler house, and greenhouse. The hospital complex has been formally determined eligible for the National Register of Historic Places as an historic district under Criterion A, contribution to a broad pattern of events, for its association with the development of health care in San Francisco. Additionally, the Main Hospital Building and Clarendon Hall appear to be individually significant under Criterion C for their association with significant Bay Area architects Newton Tharp and John Reid, Jr. The demolition of these significant structures would be a significant impact. The project sponsor has agreed to implement mitigation measures described in **Section 4.0, Mitigation Measures**, that would reduce this impact; however, the impact would remain significant and unavoidable.

B6. Hazards

A Phase I Environmental Site Assessment was conducted for the Laguna Honda hospital complex to determine the extent to which hazardous materials and/or wastes may be present on the complex. Aerial photographs were reviewed, agency databases were searched, and a site visit was conducted. It was determined that asbestos-containing materials are present on site and lead-based paint is likely to be present. Because the project sponsor would be required to comply with existing rules and regulations pertaining to the removal and disposal of asbestos and lead-based paint, no significant impacts regarding those materials are identified.

Site records indicate the potential former presence of up to three incinerators. Hazardous material releases may have occurred in the vicinity of the incinerators. Historical and existing underground storage tank locations were identified which may be sources of potential contamination. Construction workers may encounter soil and/or groundwater contamination during site preparation activities, potentially exposing them and the public to hazardous substances. This is considered a potentially significant impact. The project sponsor has agreed to implement mitigation measures that are described in **Section 4.0, Mitigation Measures**, which would reduce this impact to a less-than-significant level.

The Initial Study conducted for this project determined that the proposed project would not interfere with execution of any emergency response plans or increase the risk of fire hazards (see **Appendix 1.0**). Therefore, those topics are not addressed further in this EIR.

B7. Shadow

Impacts related to shadow were found to be less than significant in the Initial Study. However, due to project design changes subsequent to the Initial Study, the San Francisco Planning Department conducted a preliminary shadow analysis. Based on this analysis, it was determined that the proposed project is subject to Proposition K because the project would cast a shadow on the adjacent Midtown Terrace Park (a public use area and a park under the jurisdiction of the Recreation and Parks Department) during the winter afternoons. The proposed project would not cast shadows in other public areas surrounding the hospital campus.

Given the above, a detailed shadow analysis was conducted for the proposed project to determine shadow impacts. The analysis indicated that the percentage of incursion of shadows from the proposed project buildings would be low compared to the available sunlight to the park, and a majority of the shadow would be cast on the tree-covered and non-public parts of the Midtown Terrace Park. Lastly, the San Francisco Planning Department received the detailed shadow analysis prepared for the proposed project. Based on the analysis, the Planning Department believes that the proposed project's shadow impact on the adjacent Midtown Terrace Park would be less than significant. However, the Recreation and Park Commission must also make a determination as to whether the shadow impact is or is not significant in accordance with Planning Code Section 295. The final determination regarding the significance of the project's shadow impact will be made by the Planning Commission, which will consider the conclusions drawn by the Planning Department and Recreation and Park Commission.

C. MITIGATION MEASURES

Below is a list of mitigation measures identified in this EIR or in the Initial Study as necessary to mitigate significant environmental effects. Mitigation measures would reduce but not eliminate

significant construction noise and architectural resources impacts.

C1. Visual Quality (Section 3.3 of the EIR)

The project sponsor has agreed to include the following mitigation measures as part of the proposed project.

1. **Site Landscaping.** The project-landscaping contractor shall plant trees and/or other screening landscaping east of the proposed Link Building. Trees planted in this area would screen views of the lower portion of the new Link Building seen from Twin Peaks Park. The planting shall occur during landscaping of the area east of the Link Building as early as feasible during the construction phase. The trees to be planted shall be shown on the final project landscaping plans, to be completed concurrent with the Link Building building permit.
2. **Roofing Design and Color Treatment.** The project's architect shall utilize a roof design that is suitable for highly visible conditions and compliments the clay tile roof used on the existing Main Hospital Building. The architect shall also use color to reduce the apparent visual scale of the new buildings. These features of the project design shall be included in the final project plans to be completed prior to issuance of the building permit.
3. **Link Building Massing.** The project's architect shall avoid a single monolithic building mass for the east side of the Link Building by expressing the building's programmed volumes as several distinct elements. These features of the project design shall be included in the final project plans to be completed prior to issuance of the building permit.
4. **Link Building Landscape Features.** The project's architect shall design open terraces on the east side of the Link Building to include trees in containers or other landscaping to soften and screen the building's profile. These features of the project design shall be implemented at the earliest extent feasible during the construction period and shall be included in the final project plans to be completed prior to issuance of the building permit.

The above measures would help to soften the appearance of the proposed structures and would lessen the prominence of the buildings as seen from Twin Peaks Park. Trees planted along the Link Building would help screen the proposed building as seen from Twin Peaks Park. In addition, the roof tops of the existing Main Hospital Building, Clarendon Hall, and bridge structure match and blend in with the character of the surrounding neighborhoods as seen from off site views. Implementation of the above mitigation measures would reduce significant impacts related to scenic view impairment to a less-than-significant level.

C2. Construction Noise (Section 3.4 of the EIR)

The project sponsor has agreed to include the mitigation measures described below as part of the proposed project.

The construction contractor shall be required to implement noise control techniques to minimize disturbance to adjacent hospital and residential receptors during project construction. Specific noise control measures shall include the following:

1. Although the Noise Ordinance noise limit for construction equipment is 80 dBA at 100 feet, construction equipment shall not generate noise levels above the mitigated levels listed in **Table 3.4-2, in Section 3.4, Construction Noise** (75 to 80 dBA at 50 feet) to minimize noise impacts on hospital and nearby residential receptors. As indicated in **Table 3.4-2**, such levels are achievable if feasible noise controls are implemented. Feasible noise controls include improved mufflers, equipment redesign, use of intake silencers, ducts, engine enclosures, and acoustically-attenuating shields or shrouds.
2. Equipment used for project construction shall be hydraulically or electrically powered impact tools (e.g., jack hammers and pavement breakers,) wherever possible to avoid noise associated with compressed air exhaust from pneumatically-powered tools. However, where use of pneumatically-powered tools is unavoidable, an exhaust muffler on the compressed air exhaust shall be used; this muffler could lower noise levels from the exhaust by up to about 10 dBA. External jackets on the tools themselves should be used where feasible, and this could achieve a reduction of 5 dBA. Quieter procedures shall be used such as drilling rather than impact equipment whenever feasible.
3. Stationary noise sources shall be located as far from existing sensitive receptors as possible, particularly hospital patient rooms, residences on Dellbrook Avenue, and the senior living facility. To the extent feasible, concrete crushers shall be located so that existing buildings block noise for adjacent receptors. Portable sound blankets shall be used wherever feasible to reduce noise generated by concrete crushers at hospital patient rooms, residences on Dellbrook Avenue, and the senior living facility. Such blankets can provide up to a 10-dBA noise reduction.
4. If stationary sources must be located near existing receptors, they shall be adequately muffled and enclosed within temporary sheds.
5. During construction of new buildings, the exterior facades facing existing hospital sensitive receptors or the Dellbrook Avenue neighborhood shall be enclosed as early in the construction process as feasible. During demolition, exterior facades located closest to existing adjacent hospital and residential receptors (primarily the hospital buildings patient rooms, senior living facility, and Dellbrook Avenue neighborhood) shall be retained as long as feasible to maximize noise-

shielding effects.

6. During all construction phases, there shall be close coordination between construction staff and hospital staff. Hospital staff shall be made aware of the construction schedule and activities. Because a limited number of patients do react unpredictably to disorienting sensory cues (e.g., auditory, visual, olfactory, etc.), their exposure to such stimuli should be minimized. In a managed care environment, the caregivers are generally well aware of which patients are likely to experience a possibly adverse response. To the extent feasible, patients shall be moved to rooms away from construction activities during the noisier construction phases. Alternatively, the hospital shall make ear muffs available to patients disturbed by construction noise. Portable fans shall be made available to provide interior air circulation and allow windows to remain closed. Construction contractors shall be made aware of the need to accomplish a given task with a minimum of extraneous noise or other disturbances while working in proximity to existing hospital patient rooms.
 7. During all construction phases, locations of access roads, delivery routes, and loading docks shall be selected to minimize exposure to adjacent residential receptors as well as on-site hospital patient receptors, using existing building facades to provide maximum shielding for these receptors.
 8. A designated complaint coordinator shall be responsible for responding to noise complaints during the construction phase. Residents living at locations where the mitigated construction noise level is expected to exceed the ambient noise level, during a given phase, by 5 dBA or more would receive advance notifications that would provide the name and number of the designated complaint coordinator. The name and phone number of the complaint coordinator shall also be conspicuously posted at construction areas and on all advanced notifications. This person shall maintain a log of complaints received and take steps to resolve complaints, including periodic noise monitoring, if necessary, to ensure that significance thresholds are not exceeded by project construction activities.
 9. The project sponsor shall delay usage of heavy impact equipment such as jackhammers to 8:00 AM.
- As indicated in **Tables 4.0-1 (Revised) through 4.0-6, in Section 4.0, Mitigation Measures**, implementation of feasible noise controls as described in Mitigation Measure 1 above would reduce construction-related noise increases (increases in daytime ambient noise levels would be less than 5 dBA) at all identified sensitive receptors except residences on Dellbrook Avenue, the senior living facility (during Phase Three-B only), and hospital resident rooms. Mitigation Measure 1 would also reduce construction noise levels to below the City's Noise Ordinance 80-dBA noise limit (at 100 feet). Implementation of the additional Mitigation Measures 2 through 8 would reduce the adverse effects of construction noise on sensitive receptors, particularly the Dellbrook Avenue, senior living facility, and hospital receptors, by reducing construction noise levels to below the 80-dBA speech interference criterion. As indicated in **Tables 4.0-1 (Revised) through 4.0-6, in Section 4.0, Mitigation Measures**,

implementation of the above measures would mitigate noise impacts on identified off-site residential receptors to a less-than-significant level. The 45-dBA criterion could not be met during a portion of construction Phases One and Two at

hospital receptors, however. Also, the use of impact equipment during construction Phase Three-A would not be mitigated to a less-than-significant level. Therefore, construction noise impacts on hospital receptors cannot be mitigated to a less-than-significant level and would remain significant and unavoidable during portions of Phases One, Two, and Phase Three-A.

C3. Historic Architectural Resources (Section 3.5 of the EIR)

The project sponsor has agreed to include the mitigation measures described below as part of the proposed project.

There are few, if any measures that can mitigate the loss of this significant group of buildings to a less-than-significant level. It is not possible, under CEQA, to mitigate the loss of a resource significant for its historic association and architecture with photographic documentation, original architectural plans, or salvaged materials. Therefore, impacts related to the partial demolition of the Main Hospital Building and complete demolition of Clarendon Hall, bridge building, garage, laundry, boiler house, farm building and greenhouse would remain significant and unavoidable.

1. Prior to demolition, the project sponsor shall provide adequate documentation of the existing hospital complex. The documentation shall be submitted to the City and County of San Francisco Planning Department and found to be adequate prior to authorization of any permit that may be required for demolition of the buildings. Research shall be conducted regarding the social history of the people housed and employed over the years in those buildings proposed for demolition. In addition, the project sponsor shall prepare and transmit the photographs and descriptions of the property to the History Room of the San Francisco Public Library and the Northwest Information Center of the California Historic Information Resource System. The documentation shall include:

- (i) A video documentary of the property.

- (ii) Photo-documentation of the property, including the social history and use of the hospital, to Historic American Building Survey Standards. The standard size of negatives and transparencies (and accompanying prints) are 5-by-7 inches. Other large-format sizes such as 4-by-5 inches and 8-by-10 inches are also acceptable for formal documentation. Roll film, film packs and electronic manipulation of images are not acceptable.

Images must be fully identified with the name and location of the structure, a description of the feature or view being photographed and the direction in which the photograph was taken, as well as the name of the photographer and the date created.

- (iii) Black and white, 35 millimeter photographs of the hospital and grounds. Negatives and 5-by-7 inch prints should be processed to meet archival requirements (i.e., negatives must be on safety film only; resin-coated paper is not accepted). Photographs would include, but not be limited to, the following: exterior elevations of each building; interior spaces, including lobbies, common rooms, representative patient rooms, and recreation rooms; surrounding landscaping, including historic retaining walls and courtyards; any plant materials proposed for removal; and views of the hospital grounds from public streets.

- (iv) An on-site display interpreting the hospital's history and social use of the hospital.
 - (v) The available original plans of the hospital buildings shall be included as part of the documentation. All drawings and site plans shall be appropriately conserved at the site or at a qualified repository.
2. Prior to demolition, the project sponsor shall salvage the character-defining elements of the existing buildings that are considered to be historically significant, as determined by a qualified architectural historian, (and can feasibly be salvaged) and shall seek to donate those elements to an organization such as a local historical society. The features to be salvaged shall be determined by the City following consultation with a qualified historic resources firm. Features to be salvaged should include primary character-defining features, such as the terra cotta details and coping, windows, doors, hardware, tile roofs, tile work, and skylights. Many of the character-defining features such as the location of the hospital buildings on the site and the relationship of the buildings to the site, cannot be salvaged. Donation of the materials to the historical society or other entity approved by the City shall be confirmed by the City prior to the issuance of demolition permits.

No additional mitigation is feasible for impacts related to demolition of the buildings, due to the limited options available when demolition is proposed. These mitigation measures will not lessen impacts to a less-than-significant level; therefore, impacts to historic architectural resources would remain significant and unavoidable.

C4. Hazards (Section 3.6 of the EIR)

The project sponsor has agreed to include the mitigation measures described below as part of the proposed project.

- 1. Prior to any demolition or excavation at the project site, the project sponsor shall conduct surveys to identify any PCB- or mercury-containing materials in existing structures proposed for demolition or renovation. If sampling identifies the presence of such materials, they shall be removed and disposed of at an approved site in accordance with applicable local, state, and federal regulations.
- 2. Prior to any demolition or excavation at the project site, the project sponsor shall conduct one or more Phase II Environmental Site Assessments of the project site, as necessary, to ensure that all areas of suspected surface and subsurface contamination subject to ground disturbance during site development activities are sampled. Soil or groundwater samples, or both, would be collected in such areas as directed by the site assessment consultant and based on the conclusions of the Phase I Environmental Site Assessment. Sampling would extend at least to depths proposed for excavation. The samples shall be collected in accessible areas prior to any site

development activities, and in areas that are not currently accessible during proposed demolition activities. The samples shall be analyzed to identify and quantify any contamination. These studies shall be completed by a Registered Environmental Assessor (REA) or a similarly qualified individual.

3. If the sampling conducted pursuant to Mitigation Measure 2 identifies surface and/or subsurface contamination in areas subject to ground disturbance, the area shall be remediated in accordance with the standards, regulations, and determinations of local, state, and federal regulatory agencies. The project sponsor shall coordinate with the Department of Public Health and any other applicable regulatory agencies to adopt contaminant-specific remediation target levels. The hazardous substances shall be removed and disposed of at an approved site, or other appropriate actions shall be taken.
4. Prior to conducting any remediation activities a Site Health and Safety Plan would be prepared pursuant to California Division of Occupational Safety and Health (Cal-OSHA) requirements and National Institute for Occupational Safety and Health guidance to ensure worker safety. Under Cal-OSHA requirements, the Site Health and Safety Plan would need to be prepared prior to initiating any earth-moving activities at the site. The Site Health and Safety Plan shall identify protocols for managing soils during construction to minimize worker and public exposure to contaminated soils. The protocols shall include at a minimum:
 - (i) Characterization of excavated native soils proposed for use on site prior to placement to confirm that the soil meets appropriate standards.
 - (ii) The dust controls specified in Air Quality Mitigation Measure 1.
 - (iii) Protocols for managing stockpiled and excavated soils.

The Site Health and Safety Plan shall identify site access controls to be implemented from the time of surface disruption through the completion of earthwork construction. The protocols shall include at a minimum:

- (i) Appropriate site security to prevent unauthorized pedestrian/vehicular entry, such as fencing or other barrier or sufficient height and structural integrity to prevent entry and based upon the degree of control required.
- (ii) Posting of "no trespassing" signs.
- (iii) Providing on-site meetings with construction workers to inform them about security measures and reporting/contingency procedures.

If groundwater contamination is identified, the Site Health and Safety Plan shall identify protocols for managing groundwater during construction to minimize worker and public exposure to

contaminated groundwater. The protocols shall include procedures to prevent unacceptable migration of contamination from defined plumes during dewatering.

The Site Health and Safety Plan shall include a requirement that construction personnel be trained to recognize potential hazards associated with underground features that could contain hazardous substances, previously unidentified contamination, or buried hazardous debris.

The Site Health and Safety Plan shall include procedures for implementing a contingency plan, including appropriate notification and control procedures, in the event unanticipated subsurface hazards are discovered during construction. Control procedures could include, but would not be limited to, further investigation and removal of underground storage tanks or other hazards.

5. Wherever ground-disturbing activities are proposed in areas where the Phase I and/or Phase II Environmental Site Assessment identified the potential presence of underground storage tanks or related piping, the project sponsor shall utilize ground-penetrating radar, magnetic surveys, or other appropriate methods to locate underground storage tanks. If any are identified, the project sponsor shall coordinate with the San Francisco Department of Public Health's Local Oversight Program to determine whether they must be removed or whether they may remain closed in place. This determination shall be made at the earliest extent feasible during the construction period. These surveys shall be completed by an REA or a similarly qualified individual. ■
6. All reports and plans prepared in accordance with the above Hazards mitigation measures shall be provided to the San Francisco Department of Public Health and any other appropriate agencies identified by the Department of Public Health. When all hazardous material have been removed from existing buildings, and soil and groundwater analysis and other activities have been completed, as appropriate, the project sponsor shall submit to the San Francisco Planning Department and the Department of Public Health (and any other agencies identified by the Department of Public Health) a report stating that the applicable mitigation measure(s) has (have) been implemented. The report shall describe the steps taken to comply with the mitigation measure(s) and include all verifying documentation. The report shall be certified by an REA or similarly qualified individual who states that all necessary mitigation measures have been implemented, and specifying those mitigation measures that have been implemented.

Implementation of Mitigation Measure 1 would reduce impacts associated with hazardous building materials to a less-than-significant level. Implementation of Mitigation Measures 2 through 6 would reduce impacts associated with soil and groundwater contamination to a less-than-significant level.

C6. Air Quality (Section III.B.6 of Initial Study)

The project sponsor has agreed to include the mitigation measures described below as part of the proposed project.

1. In accordance with the Bay Area Air Quality Management District (BAAQMD) *CEQA Guidelines*, the project sponsor shall require the contractor(s) to spray the site with water during demolition, excavation, and construction activities; spray unpaved construction areas with water at least twice per day; cover stockpiles of soil, sand, and other material; cover trucks hauling debris, soils, sand, or other such material; and sweep surrounding streets during demolition, excavation, and construction at least once per day to reduce particulate emissions. Ordinance 175-91, passed by the Board of Supervisors on May 6, 1991, requires that non-potable water be used for dust control activities. Therefore, the project sponsor shall require that the contractor(s) obtain reclaimed water from the San Francisco Public Utilities Commission Clean Water Program for this purpose. The project sponsor shall require the project contractor(s) to maintain and operate construction equipment so as to minimize exhaust emissions of particulates and other pollutants, by such means as a prohibition on idling motors when equipment is not in use or when trucks are waiting in queues, and implementation of specific maintenance programs to reduce emissions for equipment that would be in frequent use for much of the construction period.

Implementation of the above mitigation measure would reduce construction-related air quality impacts to a less-than-significant level.

C7. Archaeological Resources (Section III.B.13 of Initial Study)

The project sponsor has agreed to include the mitigation measures described below as part of the proposed project.

1. The project sponsor shall retain the services of an archaeologist to inspect the exposed terrain following the demolition of existing structures; further assessment of the potential for historic cultural deposits and features can be made at that time. The archaeologist shall be notified a minimum of five days in advance of any demolition or excavation activity in the area.

If evidence of prehistoric or historic archaeological resources of potential significance were found during any construction excavation or land alteration activities, the archeologist shall immediately notify the Environmental Review Officer, and a professional archaeologist would be consulted. The project sponsor shall halt any activities that the archaeologist and the Environmental Review Officer jointly determine could cause damage to such cultural resources.

After notifying the Environmental Review Officer, the archaeologist shall prepare a written report to be submitted first and directly to the Environmental Review Officer, with a copy to the project sponsor, which shall contain an assessment of the potential significance of the find and recommendations for what measure should be implemented to minimize potential effects on prehistoric and historic archaeological resources. Based on this report, the Environmental Review Officer would recommend specific additional measures to be implemented by the project sponsor. These additional measures could include a site security program, additional on-site investigations by the archaeologist, or documentation, preservation, and recovery of cultural material.

Finally, the archaeologist shall prepare a report documenting the cultural resources that were discovered, an evaluation as to their significance, and a description as to how any further archaeological testing, exploration, or recovery program is to be conducted.

Copies of all draft reports prepared according to this mitigation measure shall be sent first and directly to the Environmental Review Officer for review. Following approval by the Environmental Review Officer, copies of the final reports shall be sent by the archaeologist directly to the President of the Landmarks Preservation Advisory Board and the California Archaeological Site Survey Northwest Information Center. Three copies of the final archaeology reports shall be submitted to the Environmental Review Officer, accompanied by copies of the transmittals documenting its distribution.

Implementation of the above mitigation measure would reduce impacts to archaeological resources to a less-than-significant level.

D. ALTERNATIVES

The EIR considers four alternatives to the proposed project: the No Project Alternative and three preservation alternatives intended to reduce impacts to historic architectural resources. ■

No Project Alternative

One of two general scenarios could occur under the No Project Alternative. The existing facilities could be renovated to allow continued operation and 50 percent of the residents currently cared for at the hospital would need to find care elsewhere, or, alternatively, the hospital could be shut down and all of the residents would have to find care elsewhere. Either of these scenarios would most likely require construction of additional facilities outside of San Francisco. If the hospital were shut down, the project sponsor might decide to (1) abandon the buildings and allow them to deteriorate, (2) develop

the site for some other use, or (3) sell the site to a private party who might develop the site for some other use.

The No Project Alternative would disrupt and displace patient care in San Francisco for many of the City's indigent population. Some environmental impacts would occur since either the existing buildings on site would need to be renovated and brought up to code and/or additional facilities would likely need to be constructed elsewhere to provide care for the residents who would be displaced. Renovating the existing buildings would be costly, would provide inefficient patient care, and would only accommodate approximately 50 percent of the current resident population. However, it is unlikely that the buildings would be renovated for skilled nursing use. Most or all of the project's objectives would not be met under the No Project Alternative.

Partial Preservation Alternative One

Alternative One would retain and rehabilitate Clarendon Hall as an assisted living facility and retain and rehabilitate portions of the Main Hospital Building including Wings A, B, C, and H for administrative purposes. This alternative would substantially reduce the level of impacts to historic architectural resources by preserving Clarendon Hall; however, the impact to historic architectural resources would still be significant. Construction noise impacts to hospital residents would be reduced to a less-than-significant level during one of the construction phases. A new significant construction noise impact could occur to residents along Dellbrook Avenue. The visual impact from Twin Peaks Park would be slightly different under this alternative, but would still be significant. Impacts regarding land use and planning and transportation, circulation, and parking would be less than significant. Impacts to shadow on Midtown Terrace Park would be less than significant, the same as the proposed project. This alternative would meet 12 of the 20 project objectives.

Partial Preservation Alternative Two

Alternative Two would retain and rehabilitate portions of the Main Hospital Building, including Wings A, B, C, and H for administrative use and Wings D, E, and K and portions of Wings F, G, and L as an assisted living facility. This alternative would reduce the level of impacts to historic architectural resources by retaining Wings D, E, and K and portions of Wings F, G, and L of the Main Hospital Building. Although other wings would be demolished under this alternative, the retention of the additional wings would leave more of the building intact. However, impacts to historic architectural resources would still be significant. Construction noise levels during Phase Three-B would be lower than under the proposed project, but would still be significant. The amount of on-site parking spaces would be reduced with this alternative, but impacts to transportation, circulation, and parking would be less than significant. Impacts regarding land use and planning would be similar to those of the

proposed project; i.e., less than significant. This alternative would have the same significant impact to views from Twin Peaks Park as under the proposed project. Impacts to shadow on Midtown Terrace Park would be less than significant, the same as the proposed project. Alternative Two would meet 16 of the 20 project objectives.

Partial Preservation Alternative Three

Alternative Three would retain and rehabilitate portions of the Main Hospital Building including Wings A, B, C, and H for administrative use and Wings K and M and portions of Wings L and O as an assisted living facility. This alternative would reduce levels of impacts to historic architectural resources by retaining Wings K and M and portions of L and O of the Main Hospital Building. Although other wings would be demolished under this alternative, the retention of the additional wings would leave more of the building intact. However, impacts to historic architectural resources would still be significant. Construction noise levels during Phase Three-B would be lower than under the proposed project, but would still be significant. Impacts to transportation, circulation, and parking would be less than significant, similar to the proposed project. Impacts regarding land use and planning would be similar to those of the proposed project; i.e., less than significant. This alternative would have the same significant impact to views from Twin Peaks as under the proposed project. Impacts to shadow on Midtown Terrace Park would be less than significant, the same as the proposed project. Alternative Three would meet all 20 objectives.

E. UNRESOLVED ISSUES AND AREAS OF CONTROVERSY

During the public scoping period, three letters were received that commented on issues or areas of known controversy. One letter was from a neighborhood association and two letters were from public agencies. These letters are included in **Appendix 1.0**.

Issues raised by the Forest Hill Association include: effects of construction noise on the surrounding residential district; effects of the placement of new buildings on existing open space; aesthetic effects of planned tree removal on the project site; effects of increased project traffic at the Laguna Honda Boulevard and Dewey Boulevard intersection; and compatibility of proposed new buildings with existing zoning regulations. These issues are addressed in Sections 3.1 through 3.4 of this EIR.

The State Office of Historic Preservation commented that the project site contains known historic structures and historic resources. They stated that the proposed project's effects on these resources need to be addressed. Historic architectural resources are addressed in Section 3.5 of this EIR.

The California Environmental Protection Agency Department of Toxic Substances Control commented on

several hazardous substances issues discussed in the Initial Study. Issues raised in their letter include potential effects to public health and the environment from encountering (1) asbestos-containing materials and lead-based paint during building demolition activities and (2) potentially contaminated soil and/or groundwater during construction in areas where hazardous materials were stored and where three potential former incinerators were located. These issues are addressed in Section 3.6 of this EIR.

2.0 PROJECT DESCRIPTION

The purpose of the Project Description is to describe the project in a way that will be meaningful to the public, reviewing agencies, and decision makers. CEQA Guidelines Section 15124 requires that a complete project description contain the following information: 1) a statement of objectives sought by the proposed project (the underlying purpose should be included); 2) the precise location and boundaries of the proposed project shown on a detailed map; 3) a general description of the project's technical, economic, and environmental characteristics; and 4) a statement briefly describing the intended uses of the EIR, including a list of the agencies that are expected to use the EIR in their decision making, a list of the permits and other approvals required to implement the project, and a list of related environmental review and consultation requirements from federal, state, or local laws, regulations, or policies. According to the CEQA Guidelines, an adequate project description need not be exhaustive, but should supply the details necessary for project evaluation.

A. PROJECT OBJECTIVES

The need for long-term care (both community-based and hospital-based) will grow over the next two decades. An estimated 6 percent of the San Francisco population between the ages of 18 and 64, and 23 percent of the San Francisco population over the age of 65, have mobility problems or limitations in caring for themselves. Some of these individuals can be cared for in their homes or in less intensive settings, while others will require skilled nursing in institutions such as the Laguna Honda Hospital and Rehabilitation Facility (Laguna Honda hospital). A shortage of 2,380 skilled nursing facility (SNF) beds¹ in San Francisco is predicted by the year 2020 assuming that the need for SNF beds will continue at the existing rate (i.e., 33 SNF beds for every 1,000 individuals aged 65 and older).

The existing open ward arrangement of patient care areas in which 26 to 30 residents are housed in one large room at Laguna Honda hospital does not comply with current State and Federal regulations, which allow for no more than 4 patients per room and no more than a 150-foot travel distance from a nurses' station to the entry into a patient room. Laguna Honda hospital currently operates under special waivers from regulatory agencies; however, these waivers may be revoked at any time. The Centers for Medicare and Medicaid Services (CMS) has required the San Francisco Health Department to reduce the hospital census (the number of Laguna Honda hospital residents) to enhance resident privacy. If

¹ One SNF bed can serve more than one person per year.

Laguna Honda hospital is not rebuilt in accordance with Federal standards, the CMS may seek further reductions in Laguna Honda hospital's census or it may decertify the facility.

In addition, existing Laguna Honda hospital facilities do not comply with current building code requirements related to fire and life safety; handicapped accessibility; mechanical ventilation, filtration, and air conditioning; and seismic safety.

On November 2, 1999, the San Francisco voters overwhelmingly approved a bond measure, Proposition A, to replace Laguna Honda hospital.

Given the above, the project sponsor has defined the following objectives for the Laguna Honda Hospital Replacement project. Objectives 8, 9, 10, 11, 12, 14, 16, 17, and 19 are design criteria that were developed by the City and County of San Francisco, Department of Public Health, through a benchmarking process that included convening a National Advisory Council and visiting local and national long-term care facilities.

1. Continue to provide skilled nursing facility care on campus without a reduction in census. This will ensure that elderly and disabled adults who cannot be cared for in the community have access to vital medical services provided in a skilled nursing facility.
2. Provide assisted living units on campus. This will address a deficit in the number of assisted living opportunities for the elderly and disabled in the City and County.
3. Locate the assisted living units where their residents would have convenient access to the campus outpatient services and community resources.
4. Ensure that all Laguna Honda hospital buildings used for resident care comply with Federal and State licensing and building code standards. This will ensure that the Laguna Honda hospital will meet current Federal guidelines and continue to be eligible for MediCal reimbursement.
5. House all skilled nursing residents in buildings that meet current hospital seismic standards.
6. Continue services being provided at the current facility without interruption. This will ensure that Laguna Honda hospital will not be forced to relocate patients to other facilities during construction.
7. Protect the health and well being of frail residents by minimizing the number of moves required for construction phasing.
8. Resident Rooms. Each resident should have a window and a private bathroom.
9. Resident Floors. There should be a maximum of 60 residents per floor to optimize the use of nursing, dietary, and activity therapy staff. One nurse can manage no more than 60 patients. One food service worker is required to operate a galley to serve 60 residents. The activity therapy room should be centrally located near each of the resident households.
10. Social Environment. Provide a manageable social environment for the cognitively impaired by limiting the size of resident households to no more than 15 people and resident

floors to 60 beds. Each household should have its own living room and dining room and optimize the opportunity for daylighting.

11. Dining Service. Food should be provided from a galley that is central to each 60-resident floor using a bulk serve method, rather than room-to-room tray service. A dining room should be provided for each household of 15 residents.
12. Access to Outdoors. The design should take advantage of the campus to provide convenient, sheltered, and level access to the outdoors for the residents.
13. Views. The design should minimize the number of resident and social rooms whose views are limited by high retaining walls or deep cuts into the existing grade.
14. Efficient Operations. Flow of materials horizontally through the campus should occur at the level of the loading docks. The design should minimize the number of elevator rides residents, staff, and visitors need to reach their destinations within onsite buildings.
15. Community Programs. The project should maximize opportunities for participation in community-based programs for seniors and the disabled. Provide covered, same-level access from shuttle vans and other transport to the spaces provided for Adult Day Health Care, the Senior Nutrition program, child care, and other community services.
16. Clear Organization and Wayfinding. The design should address the needs of residents and visitors by using visual and other cues for wayfinding to provide straightforward circulation choices.
17. Recognize Site History. The design should acknowledge the history of Laguna Honda hospital and its role in providing for the health care needs of the citizens of San Francisco.
18. Service Traffic. For public safety and resident comfort, the project should separate delivery trucks, laundry vans, trash service, hearse service, and ambulances from vehicles used by staff, patients, and the public to the maximum extent feasible.
19. Fixed Project Cost. The project cost should not exceed the available funding, which is limited to approximately \$401.6 million² by the San Francisco proposition that authorized the project.
20. Aesthetics. To the extent feasible, enhance the visual quality of the campus at the site boundaries.

B. BACKGROUND

As mentioned previously in this document, an Initial Study was completed on February 2, 2001 (see **Section 1.0, Summary**, for a discussion of the CEQA process). Since the publication of the Initial Study, the project description for the Laguna Honda Hospital Replacement project has been refined. Although the basic project characteristics have remained the same, the proposed demolition, construction of new buildings, location of new buildings, improvements to circulation and parking, and phasing of the

² As provided for by Proposition A, funds available for the project are \$299 million in general obligation bonds, and \$100 million in tobacco settlement funds, plus applicable interest earnings.

project have been refined. Table 2.0-1, Differences Between the Initial Study and EIR Project Descriptions, shows the differences quantitatively.

Table 2.0-1
Differences Between the Initial Study and EIR Project Descriptions

Initial Study	Gross Square Feet	EIR	Gross Square Feet	Difference in Gross Square Feet
Proposed Development Plan:				
<i>Demolition</i>				
Main Hospital Building (Wings C, D, E, F, G, K, L, M, O)	400,000	Main Hospital Building (Wings D, E, F, G, K, L, M, O)	344,500	-55,500
<i>Construction</i>				
Hospital	630,000	Four new hospital buildings with connectors	781,979	+151,979
Parking spaces	648	Parking spaces	655	+7

Sources: Laguna Honda Hospital Replacement Program Initial Study; personal communication with Michael Lane, City and County of San Francisco Laguna Honda Hospital Replacement Program, and Jim Kautz, Anshen + Allen Architects, October 2001.

The locations of the assisted living facility and proposed hospital building have changed since the publication of the Initial Study. The assisted living facility would be located east of the Main Hospital Building instead of the current site of Clarendon Hall. The proposed hospital building now consists of four hospital buildings with connectors and would be located at the current sites of Clarendon Hall and the bridge buildings, and in Clarendon Valley (see discussion below for a detailed description of project characteristics). Also, a parking lot has been added to the proposed project and would be located northwest of the current site of Clarendon Hall. The refined project would not expand the internal access road. Lastly, the refined project would include the relocation of the laundry building to an off-site location.

The Initial Study has been reviewed to determine whether its conclusions are accurate given the changes that have occurred to the project. Because the changes would occur within the same construction zone (i.e., the same study area) as described in the Initial Study, and because the quantitative differences in gross square footage and parking spaces are relatively minor and the expected patient population and number of employees would be similar, the analysis in the Initial Study remains adequate.

C. PROJECT LOCATION

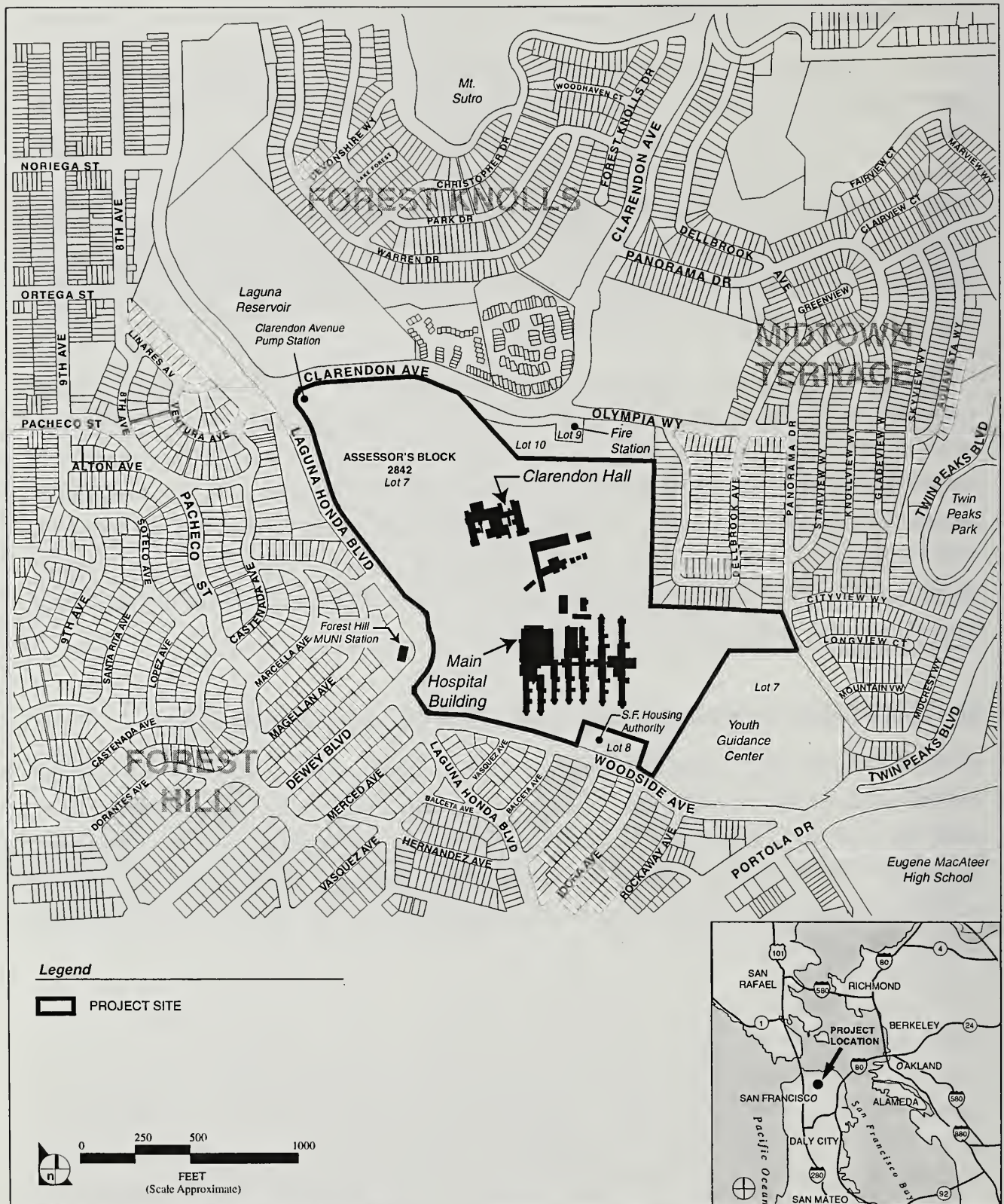
As shown in **Figure 2.0-1, Project Location**, the 62-acre Laguna Honda hospital campus is located on the western slopes of Twin Peaks in central San Francisco. The project campus is generally bounded by Dellbrook Avenue and Panorama Drive on the east, Clarendon Avenue and Olympia Way on the north, Woodside Avenue on the south, and Laguna Honda Boulevard on the west. The campus is owned by the City and County of San Francisco and encompasses most of Assessor's Block 2842, Lot 7 (the remainder of the block is occupied by the Youth Guidance Center (YGC), an area with housing operated by the San Francisco Housing Authority, the Clarendon Avenue Pump Station, a fire station, and a San Francisco Municipal Railway [MUNI] electrical substation).

Primary access to the campus is currently provided from Laguna Honda Boulevard at Dewey Boulevard; a secondary access from Woodside Avenue provides one lane for incoming traffic only. The campus is served by several public transportation lines (MUNI lines K, L, M, 36, 43, 44, and 52), which stop at the Forest Hill Station located across Laguna Honda Boulevard, approximately 1,000 feet southwest of Laguna Honda hospital's main entry. An additional bus stop (serving MUNI lines 36, 44, 52, and the L "Owl" [late-night service]) is located at the secondary access point on Woodside Avenue. A MUNI shuttle bus (Line 89) also delivers passengers from the Forest Hill Station to the Laguna Honda hospital main entrance from 6:30 AM to 3:00 PM daily.

D. EXISTING CONDITIONS, FACILITIES, AND SERVICES

As shown in **Figure 2.0-2, Existing Site Plan**, the existing campus is characterized by two principal hospital buildings, the Main Hospital Building and Clarendon Hall. Each building is situated on a knoll, and both are connected by a bridge building that spans the valley between the knolls, i.e., Clarendon Valley. Support facilities for the campus are located within Clarendon Valley. A retaining wall of approximately 1,000 feet in length and a varying height of 7 to 25 feet traverses the Woodside Avenue project boundary.

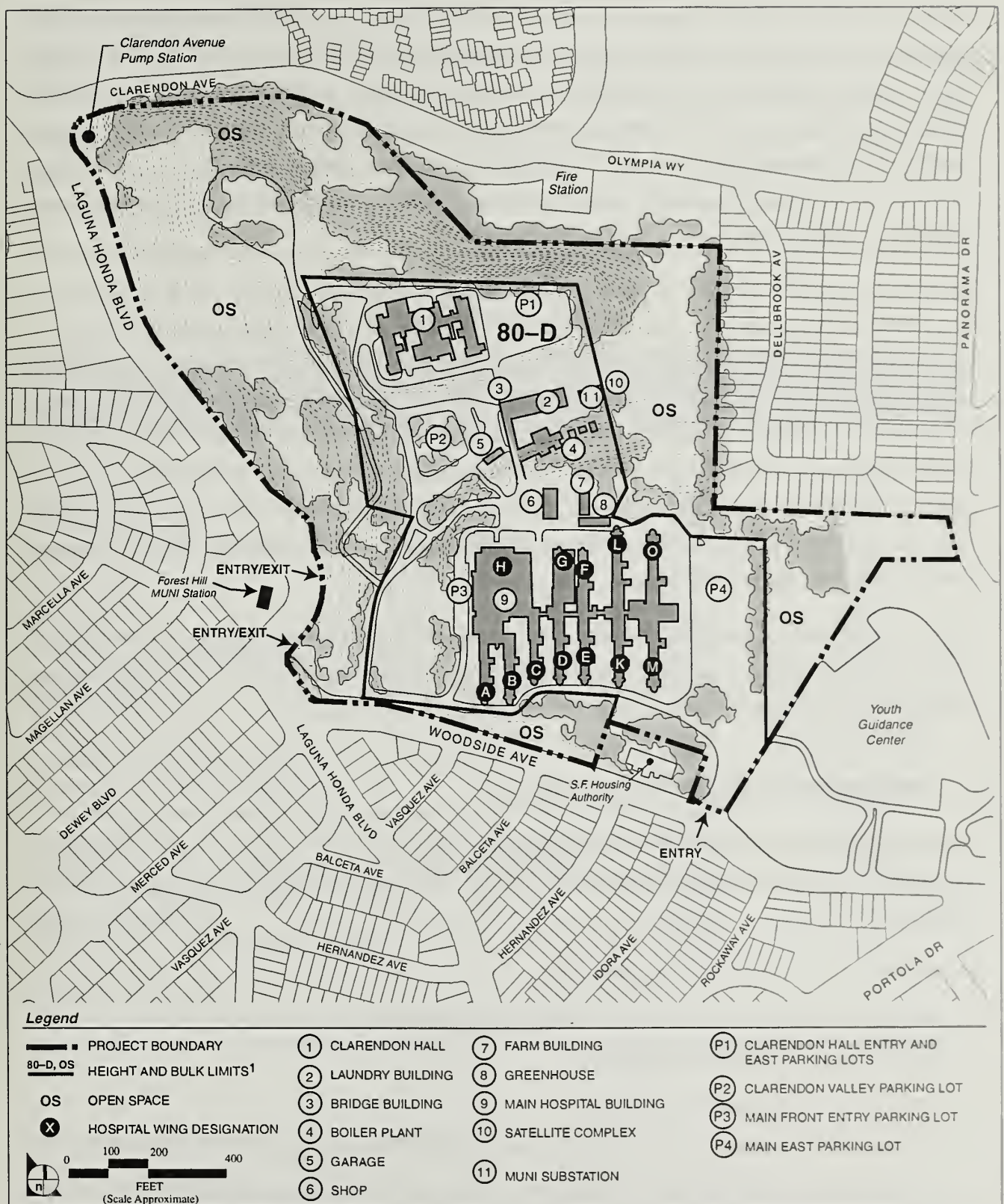
The campus is characterized by steeply-sloping topography, with surface elevation variations of about 230 feet and slope gradients from 15 to 60 percent. Elevations range from 390 feet above mean sea level (msl) in the northeastern portion of the campus to 620 feet above msl in the southeastern portion of the campus. The existing vegetation includes mature eucalyptus and other exotic trees and landscaped areas, as well as small areas of native vegetation scattered along the northern portion of the campus. The entire campus is within a P (Public Use) zoning district. The developed portions of the campus are within an 80-D height and bulk district; the undeveloped portions of the campus are in an OS (Open Space) height and bulk district.



SOURCE: City and County of San Francisco, Impact Sciences

FIGURE 2.0-1

Project Location



SOURCE: City and County of San Francisco, Impact Sciences

¹The boundaries between the OS and 80-D height and bulk districts is approximate.

FIGURE 2.0-2

Existing Site Plan

The existing Laguna Honda hospital provides long-term health care services for the elderly and disabled residents of the City and County of San Francisco. Laguna Honda hospital services include skilled nursing care, hospice, rehabilitation, acute medical, senior nutrition, and adult day health services. Existing Laguna Honda hospital buildings are mainly located in the southern and central portions of the campus, and include the Main Hospital Building, Clarendon Hall, a bridge building connecting these two buildings, and ancillary facilities, including a laundry building, boiler and power plant, shop building, garage, greenhouse, and farm building.

The Main Hospital Building has 11 parallel "finger" wings (Wings A, B, C, D, E, F, G, K, L, M, and O) off a central circulation corridor. (The letters I, J, and N were not used to designate wings of the existing Main Hospital Building; Wing H is not a finger wing.) The wings are five stories high. In addition to hospital beds, the Main Hospital Building provides administrative and community spaces, a theater and chapel, and a kitchen. Clarendon Hall is a three-story building and consists of wings for patients, operating and examination rooms, a kitchen and dining halls, a chapel, isolation wards for special cases, and facilities for nurses and other staff. Space in the existing buildings totals about 704,331 gross square feet. There are currently 603 off-street parking spaces and approximately 22 loading spaces located throughout the hospital complex.

Laguna Honda hospital, including Clarendon Hall, currently operates with an average of 1,065 skilled nursing beds and employs about 1,500 total employees. As recently as Fiscal Year 1997-1998, Laguna Honda hospital has operated with up to about 1,200 beds and 1,600 employees.

E. PROJECT CHARACTERISTICS

The proposed project would involve the replacement of most of the existing Laguna Honda hospital facilities, and the construction of additional facilities and parking spaces. The proposed project includes:

1. demolition of most of the existing facilities;
2. retention and renovation of a portion of the existing Main Hospital Building;
3. construction of new hospital buildings;
4. construction of an assisted living facility;
5. expansion of the existing outpatient programs and services by about 25 percent;
6. reconfiguration of existing parking lots and the construction of a new parking lot; and
7. beautification of campus features visible to neighboring areas.

E1. Proposed Demolition

Wings D, E, F, G, K, L, M, and O of the Main Hospital Building would be demolished. In addition, Clarendon Hall, and the existing laundry facility, boiler and power plant, bridge building, shop building, garage, greenhouse, and farm building would be demolished. Other small miscellaneous structures that would be demolished include the hazardous material shed and fueling station. See Table 2.0-2, Proposed Development Plan, and Figure 2.0-3, Proposed Demolition Plan.

Table 2.0-2
Proposed Development Plan

Building/Facility Name	Gross Square Feet	Other
<i>Demolition</i>		
Main Hospital Building (Wings D, E, F, G, K, L, M, O)	344,500	N/A
Clarendon Hall	113,000	N/A
Laundry Building	9,500	N/A
Boiler and Power Plant	8,200	N/A
Bridge Building	13,900	N/A
Shop Building	7,500	N/A
Garage	1,800	N/A
Greenhouse and Farm Building	1,000	N/A
Total Demolition	499,400	N/A
<i>Construction</i>		
Greenhouse Building	146,976	5 stories; 300 beds
Clarendon Hill West Building	195,474	7 stories; 420 beds
Clarendon Hill East Building	195,474	7 stories; 420 beds
Connector between Clarendon Buildings	8,144	2 stories
Link Building	138,879	4 stories; 60 beds
Connector between Link Building and Greenhouse Building	2,032	2 stories
Assisted Living Facility	95,000	4 stories; 140 beds
Total Construction	781,979	N/A; 1,340 beds
Total Existing Building Area to Remain	204,931	N/A

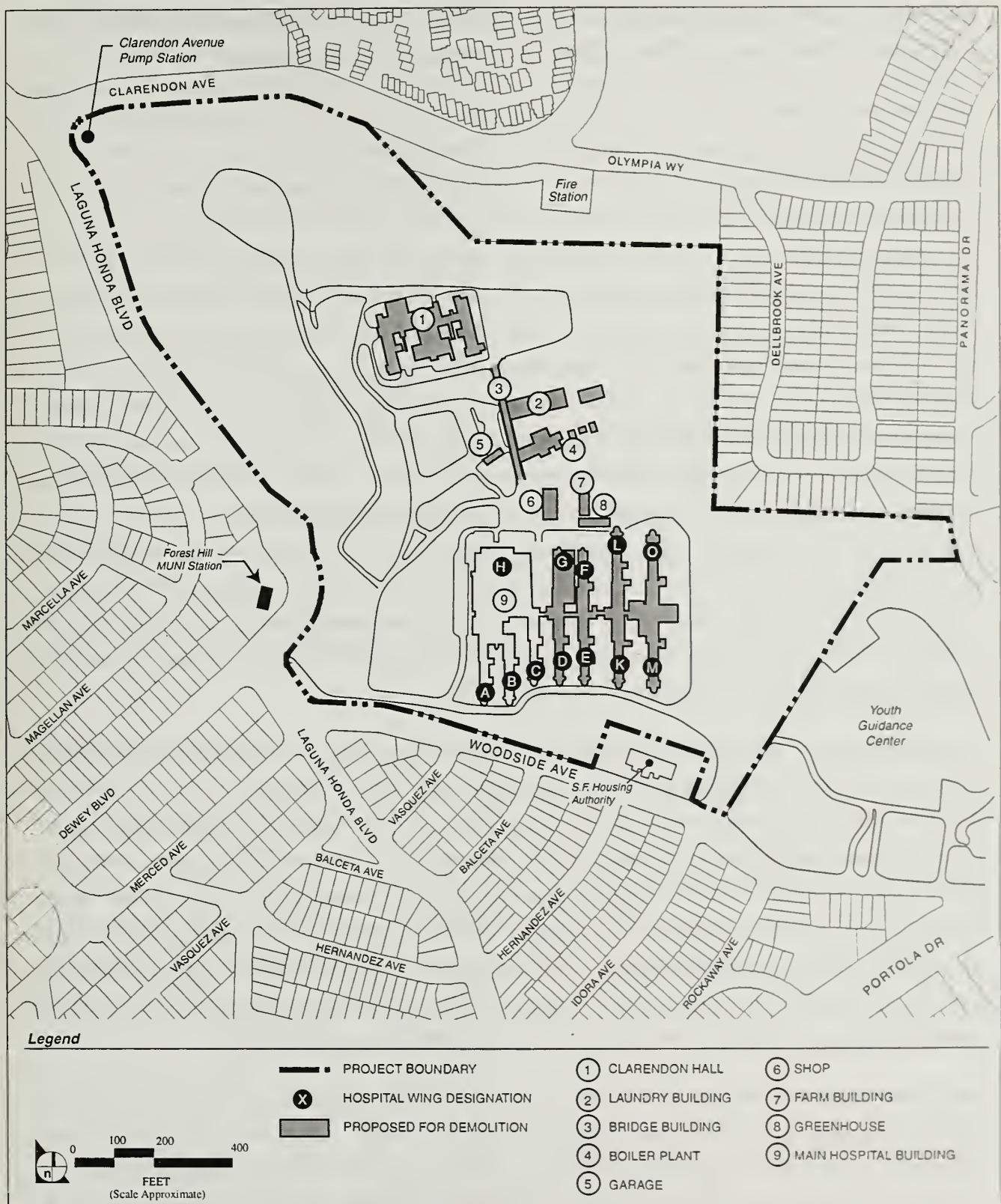
Note: N/A = Not Applicable.

Source: Laguna Honda Hospital Replacement Program, Schematic Design, June 28, 2001.

E2. Proposed Construction and Renovation

Proposed new construction would include hospital buildings and associated support facilities, an assisted living facility, disabled access in the form of a ramp from Woodside Avenue up to the Main Hospital Building entry driveway in compliance with the Americans with Disabilities Act (ADA), and parking lots. A portion of the retaining wall along Woodside Avenue may be removed to

accommodate the access ramp. The new hospital buildings would consist of the Greenhouse Building, Clarendon Hill West, Clarendon Hill East, and the Link Building (see **Table 2.0-2**). The



SOURCE: Anshen + Allen Architects, City and County of San Francisco, Impact Sciences

FIGURE 2.0-3

Proposed Demolition Plan

LAGUNA HONDA HOSPITAL REPLACEMENT EIR

associated support facilities would include a boiler and power plant, an underground fuel storage tank, a fueling station, and loading docks (see **Figure 2.0-4, Proposed Site Plan (Revised)**).

The proposed Clarendon Hill West and East Buildings would be built in the central portion of the campus, in the area of the existing Clarendon Hall and adjacent parking lot. As shown in **Appendix 2.0, Proposed Hospital Building Elevations**, these new hospital buildings would be seven stories high, with a pad elevation of 519.5 feet above msl and a roof level of 606 feet above msl (86.5 feet in height from the proposed grade to top of roof, not including rooftop mechanical equipment).³ The proposed Clarendon Hill West and East Buildings would have eight wings total. In order to allow more natural sunlight, four wings would face south and two wings would face north. (One wing would face east and the other wing would face west.) The Greenhouse and Link Buildings would be constructed in the Clarendon Valley portion of the campus, in the area of the existing bridge building and other accessory structures. The new Greenhouse Building would be five stories high, with a pad elevation in the valley of 545 feet above msl and a roof level of 606 feet above msl (61 feet in height). The new Link Building would be four stories high, with a ground-floor level elevation of 495 feet msl and a roof level of 559.5 feet msl (64.5 feet in height). (By comparison, the grade level of the front of the existing Main Hospital Building is at an elevation of 516 feet msl, and the building height extends to 579 feet msl at a roof level and 649 feet msl at the tower [which is at the front and center of the existing Main Hospital Building]. The grade level of the rear of the existing Main Hospital Building is at 560 feet msl, and the building height extends to a roof level of 608 msl.)

As mentioned above, the Clarendon Hill West and East Buildings would be in the area of the existing Clarendon Hall and the parking lot located immediately east of that building. This area is relatively flat, due to the existing development. The new Clarendon Hill West and East Buildings would connect to the proposed Link Building by a two-story connector building. The Link Building and Greenhouse Building would be built into the hillside that slopes down from the existing Main Hospital Building to Clarendon Valley. Some floors of the Link Building would be connected to the northern end of Wing H of the existing Main Hospital Building by a two-story connector building. Together with the portion of the existing Main Hospital Building that would be retained (204,931 gross square feet), the proposed hospital buildings and assisted living facility would total 986,910 gross square feet.

As currently proposed, the assisted living facility would be located at the east end of the existing Main Hospital Building, on the current site of Wings E, F, K, L, M, and O. However, a different site may ultimately be selected through the project design process. Any site selected would be within the construction zone shown on **Figure 2.0-4, Proposed Site Plan (Revised)**; this zone includes all areas of the

³ The building height would be 82.5 feet when measured from the existing grade to top of roof.

Laguna Honda hospital campus in which construction activity could occur (except for minor roadway work, described later in this section). The assisted living facility would be approximately four stories high, about 50 feet tall. Existing outpatient programs and services provided by Laguna Honda hospital

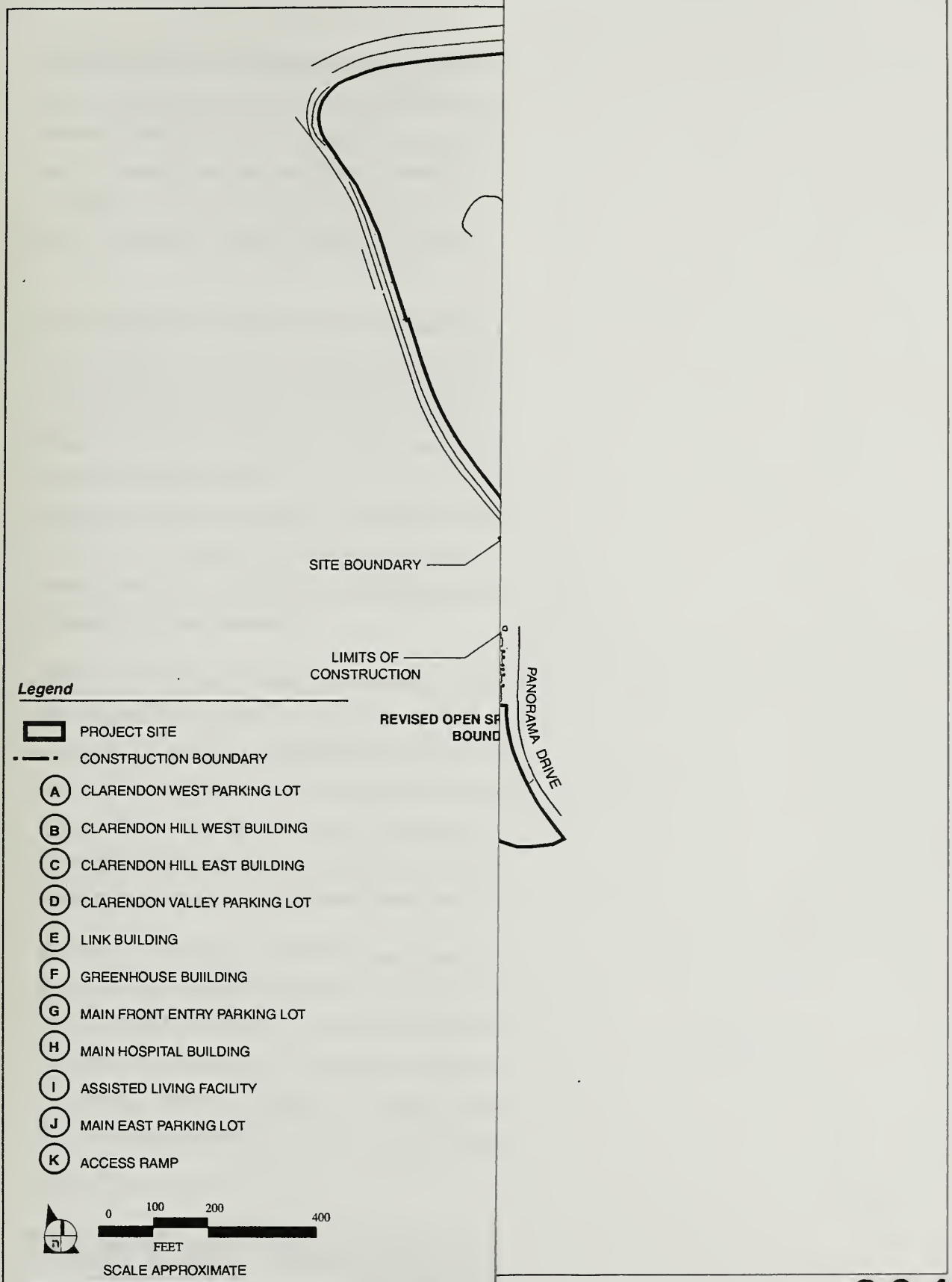
would be expanded. Specifically, the Adult Day Health Care program would serve 75 patients (an increase of 20 patients) and the Senior Nutrition Center would serve 75 patients (an increase of 25 patients). In addition, a new child care center with an outdoor playground would be provided on the ground floor of the new Link Building, and the existing Aqua Therapy and Animal/Horticultural Therapy in-patient program facilities would be replaced with comparable facilities, also in the Link Building.

During construction of the new hospital buildings, the campus would be served by temporary generators. In addition, a temporary boiler plant would serve Clarendon Hall and a new boiler plant would be installed in the Main Hospital Building. A new fueling station would be erected on the southeastern portion of the campus at the corner of the Main East Parking Lot. A new underground fuel storage tank would be installed immediately south of the existing Main Hospital Building. The existing laundry facility would be relocated off-site (into an existing laundry structure) on Oyster Point Boulevard. Perimeter landscaping, accessible sidewalks, trails and other public enhancements would be built.

As shown in **Table 2.0-2**, the proposed new buildings and the existing building area to remain would total approximately 986,910 gross square feet, about 282,579 gross square feet more than the existing building area. Buildout of the proposed project would accommodate 1,200 total hospital beds (about 135 more beds than are currently occupied at the existing Laguna Honda hospital, but about the same number as were occupied at the Laguna Honda hospital as recently as Fiscal Year 1997-1998), plus 140 assisted living beds. The new hospital buildings would consist of one-person and two-person rooms, in compliance with federal law. The new assisted living facility would provide 100 units consisting of 1- and 2-person rooms, with a total of 140 beds. Although Laguna Honda hospital would retain its current license to operate 1,457 beds, there are no plans to construct facilities to support more than the 1,200 beds noted. The assisted living facility would operate under a separate license, issued by the California Department of Social Services.

The proposed Laguna Honda hospital would employ an additional 19 permanent full-time staff. In addition, Laguna Honda hospital would employ an additional 12 full-time equivalent (FTE) staff for childcare, housekeeping, and food services. The assisted living facility would employ approximately 35 FTEs. The proposed project would therefore result in a total increase of 66 full-time and FTE positions at the Laguna Honda hospital campus.

The front part of the Main Hospital Building (i.e., Wings A, B, C, and H) would be renovated for administrative functions. The exact scope of the renovations has not been determined at this time, but



SOURCE: Anshen + Allen Architects

FIGURE 2.0-4

Proposed Site Plan (Revised)
Draft EIR P. 2.0-13

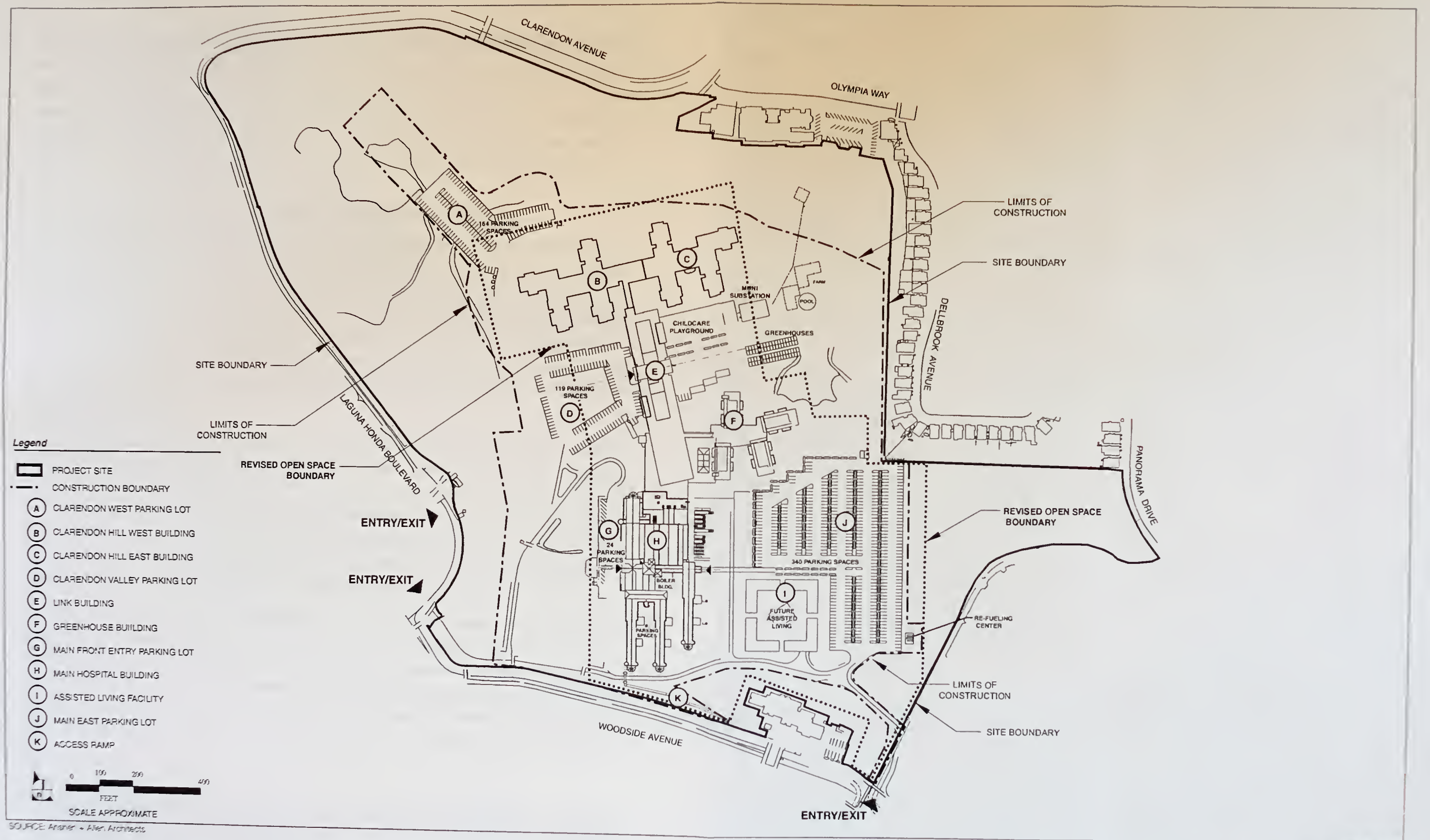


FIGURE 2.0-4

the renovations would not include any changes to the exterior of the structure. Renovations at the third floor outpatient areas and the second floor materials management areas would require extensive interior demolition and construction of new layouts. Other renovation areas, such as executive administration and medical offices, would only involve painting and tele-data cable installation in unchanged existing rooms. Modifications to the exterior would primarily occur to the east façade in order to provide for a new loading dock and repair the location where Wings D and G are removed.

E3. Proposed Transportation, Circulation, and Parking Improvements

The existing main entry at Laguna Honda Boulevard/Dewey Boulevard/Woodside Avenue and the secondary (single-lane, one-way) entry at Woodside Avenue would be retained under the proposed project. Once the existing Woodside Avenue driveway is shifted as part of the YGC project,⁴ the existing Woodside Avenue driveway pavement would be removed and replaced with landscaping. Existing pedestrian pathways providing access from Laguna Honda Boulevard to the Main Hospital Building and Clarendon Hall sites would also be retained. New pedestrian pathways would provide access between the proposed new structures, and a pedestrian sidewalk would be added along the former Woodside Avenue driveway.

The proposed project includes the construction of a new loading dock at the new Main Hospital Building and improvements to the existing loading dock at the northeast corner of Wing H of the remaining portion of the existing Laguna Honda hospital. The proposed off-street loading supply would include nine spaces at the new Main Hospital Building, and an additional two spaces at the proposed assisted living facility. Shuttle bus routes between the existing Forest Hill MUNI station and the Laguna Honda hospital main entrance would be adjusted as necessary to serve the new hospital buildings. The access point currently used by shuttle buses would remain the same.

The project would also involve the reconfiguration of some of the existing parking areas (including the Main East and Clarendon Valley lots, and the service driveways located between the wings of the Main Hospital Building). The proposed project also includes the construction of one new parking lot, Clarendon West parking lot.⁵ As shown in Table 2.0-3, **Existing and Proposed Parking Spaces**, the new and reconfigured lots would provide a total of 655 parking spaces (an increase of 52 parking spaces above existing parking capacity). The existing Main East Lot, containing 232 spaces, would be

⁴ As part of a separate project to be undertaken jointly by the Department of Public Health and the Juvenile Probation Department, the existing Woodside Avenue entrance to Laguna Honda hospital will be shifted to a two-way signalized driveway to be constructed at the Woodside Avenue entrance to the YGC. Refer to Section 3.2, **Transportation, Circulation, and Parking, Subsection C.8., Planned Improvements to Transportation Facilities**, for a description of the access road improvements.

⁵ During construction, this lot would be temporarily larger to accommodate construction workers' vehicles. After construction, the portion of the lot used for temporary parking would be restored to native ground cover.

reconfigured to provide 340 parking spaces. The existing 138 spaces in the Clarendon Valley parking lot

would be replaced by 119 parking spaces for the proposed Link Building and Greenhouse Building. One new parking lot, the Clarendon West parking lot, would be located northwest of the proposed new Clarendon Hill West Building and would provide 164 parking spaces. Most of the remainder of the parking areas on the campus (i.e., Clarendon Hall entry, main service lots, side lots, and on-street parking) would be removed.

Table 2.0-3
Existing and Proposed Parking Spaces

Parking Area	Existing Parking Spaces	Proposed Parking Spaces
Main East Parking Lot	232	340
Main Front Entry Parking Lot	28	24
Clarendon Hall Entry and East Parking Lots	97	N/A
Clarendon Valley Parking Lot	138	119
New Clarendon West Parking Lot	N/A	164
Main Service Lots	59	N/A
Service Driveways	14	8
Side Lots	35	N/A
Total Parking Spaces	603	655

Note: N/A= Not Applicable

Source: Pittman & Hames Associates, May 2000; Laguna Honda Hospital Institutional Master Plan, October 1994; Laguna Honda Replacement Program, Schematic Design, June 28, 2001.

E4. Proposed Construction Phasing Plan

The proposed project would be implemented in three phases; the dates listed for each phase are approximate and are subject to change. See **Appendix 2.0** for the project's phasing plans.⁶ The hospital would remain operational during all phases of construction and residents would be moved from buildings to be renovated or demolished into new or renovated buildings throughout the construction period as necessary. Clinical staff would relocate along with the residents, administrative staff would remain in the existing Main Hospital Building, and outpatient services would be relocated from the existing Clarendon Hall to a remodeled portion of the existing Main Hospital Building prior to the vacation and subsequent demolition of Clarendon Hall. The project phasing plans take this into account and have been designed to minimize movement of hospital residents.

⁶ The construction phasing plans in **Appendix 2.0** correlate to the construction phasing discussed in this section and throughout the EIR as follows: Phase One is generally the same as Phases A through C; Phase Two is generally the same as Phase D; Phase Three-A is generally the same as Phases E and F; and Phase Three-B is generally the same as Phases G and H.

E4(a) Phase One

- Phase One, which is expected to commence in Fall 2002, would include the installation of temporary electrical and mechanical equipment to serve Clarendon Hall and the Main Hospital Building during
- construction. The new fueling station and underground fuel storage tank would be installed during this phase.

Hazardous materials abatement activities in the valley would also occur during Phase One. In addition, the existing facilities in the central portion of the campus (i.e., Clarendon Valley) -- the boiler and power plant, bridge building, greenhouse, shop building, laundry facility, and garage -- would be demolished. The laundry facility would be relocated off site as mentioned earlier.

Demolition activities during Phase One would include abatement and disposal of hazardous building materials, a dismantling of the buildings (use of explosives is not proposed), and re-use of building materials. Following the demolition of the structures, crushing of concrete from demolition would occur in the Clarendon Valley area at the location of the existing bridge building, laundry room, and boiler and power plant. Crushed concrete and dirt from demolition activities would be hauled via a designated haul route, and used as fill for the temporary/permanent new parking lot located northwest of Clarendon Hall. An interim parking lot would be constructed to provide parking for construction workers; part of this interim lot would later be developed into the new Clarendon West Parking Lot. Non-permanent parking areas would be restored to native ground cover. The duration of Phase One would be about one year; the demolition portion of this phase is expected to take about six months. Phase One is scheduled to be completed by Fall 2003.

E4(b) Phase Two

Phase Two would consist of constructing the new Greenhouse Building, Link Building, and Clarendon Hill East Building, and the access ramp. Upon completion of the new hospital buildings, patients from Clarendon Hall would be relocated into the new Greenhouse Building (patients would not be moved into the Clarendon Hill East and Link Building until the demolition of Clarendon Hall has occurred). The construction of the new hospital buildings is expected to take about two and one-half years; Phase Two is scheduled to be completed by Spring 2006.

E4(c) Phase Three

Phase Three would consist of two parts, Phase Three-A and Phase Three-B. Phase Three-A would involve the demolition of the existing Clarendon Hall and the construction of the Clarendon Hill West Building in its place. Crushing operations would occur in the area north of the existing Clarendon Hall Building. Crushed material would be used for the new Clarendon Hill West Building and for areas within the west valley floor. The demolition of Clarendon Hall is expected to take about three months and the construction of the new Clarendon Hill West Building is expected to take about 27 months; the expected completion date of Phase Three-A is Spring 2009.

Phase Three-B would consist of the demolition of the existing Wings D, E, F, G, K, L, M, and O of the Main Hospital Building. All patients would be relocated to the new hospital buildings prior to

demolition of these Wings. Reconfiguration of the Main East Parking Lot and the Clarendon Valley Parking Lot would occur during this phase. In addition, the Clarendon Hill West Parking Lot, Clarendon Valley Parking Lot, and the east valley (east of the new Link Building) would be landscaped. All other campus improvements would be completed during this phase. The demolition of the Main Hospital Building wings is expected to take five months; completion of Phase Three-B is expected during Fall 2010.

Construction of the assisted living facility would occur after all residents have moved to the new hospital buildings, and is not included as part of the proposed project construction phasing plan. The assisted living facility would be built sometime after 2010.

Temporary loading docks and delivery routes would be provided throughout all construction phases. Specific locations of the temporary loading docks and delivery routes would be within the construction zone and would vary on site between construction phases. Before project completion, one new permanent loading dock would be built on the east side of the Main Hospital Building and improvements would be made to the existing loading dock at the northeast corner of Wing H of the remaining portion of the existing Laguna Honda hospital.

- The Woodside Avenue driveway will be under construction beginning September 2002 until approximately June 2003. Access to the project site via the main and secondary entries would be available throughout the entire proposed project construction period and, as mentioned above, would be retained upon project completion. Although segregation of campus access would not occur between construction vehicles, haul trucks, and staff, visitor, and other cars (e.g., service vehicles), segregation of internal circulation and parking would occur. Construction worker vehicles (e.g., small trucks and cars) would use the main entry to access the site, along with staff, visitor, and other cars. The reconfigured driveway on Woodside Avenue would provide an adequate turning radius for large trucks and thus large trucks hauling materials (e.g., concrete trucks and semi-trucks) would access the site via the Woodside Avenue driveway. Upon entering the campus, haul trucks would use designated haul routes. Construction workers would park their vehicles in Clarendon Valley and other on-site areas, away from visitor and staff parking. The following three truck routes have been identified for the proposed project:
- Southern Access Route: Southern access would be via Interstate 280 (I-280) northbound to the 19th Avenue exit. Trucks would turn right and travel eastbound on Sloat Boulevard, then turn left to northbound Portola Drive and turn left to westbound Woodside Avenue. From Woodside Avenue, trucks would turn right into the Woodside Avenue entrance. Trucks exiting the hospital campus would turn left on eastbound Woodside Avenue, and turn right and head southbound on Portola Drive to Junipero Serra Boulevard. From Junipero Serra, trucks would turn left heading southbound on I-280.

Alternatively, southbound trucks exiting the hospital campus could turn left, travel eastbound on Woodside Avenue, turn left on Portola Drive, and head eastbound to Market Street to Duboce Avenue to the South Van Ness on-ramp to Interstate 80 (I-80).

Eastern Access Route: Eastern access from the Bay Bridge would be via I-80. Trucks coming from the east would travel westbound to Duboce Avenue, turn left on Market Street, head southbound to Portola Drive, and turn right onto westbound Woodside Avenue. Trucks would turn right and enter the hospital from the Woodside Avenue driveway. Eastbound trucks exiting the site would turn left (eastbound) onto Woodside Avenue to Portola Drive, turn left and head east to Market Street. From Market Street, trucks would turn right onto Duboce Avenue to the South Van Ness on-ramp to I-80.

Northern Access Route: Northern access would be via Highway 1 from the Golden Gate Bridge. Trucks would travel south on Presidio Boulevard to southbound 19th Avenue. From 19th Avenue, trucks would turn left (eastbound) on Sloat Boulevard to Portola Drive and turn left (westbound) to Woodside Avenue. Exiting the hospital, trucks would turn left (eastbound) on Woodside Avenue to Portola Drive, turn right on Portola Drive, head southbound to Sloat Boulevard and turn right on Sloat Boulevard to northbound 19th Avenue.

E5. Proposed Grading and Utilities Plan

Grading plans have not yet been fully developed; therefore, exact details are not available at this time. For the purposes of this EIR, the grading envelope is assumed to include the existing footprint of the Laguna Honda hospital facilities, parking lots, and on-site roads, and the temporary construction access roads and parking. It is also assumed that the grading envelope would extend to the east of Clarendon Valley and Clarendon Hall toward the existing eastern campus boundary, and to the west along the existing internal north-south roadway.

The grading concept would include the balancing of cut and fill of soil on site. Based on preliminary studies, approximately 11,000 cubic yards of soil cut and approximately 34,000 cubic yards of soil and rubble fill⁸ are proposed for development of the project. Fill would consist of about 11,000 cubic yards of soil and about 23,000 cubic yards of concrete rubble. Although cut and fill would be balanced on site, trucks would need to haul building materials to the campus.

Areas on the campus that would be graded include the area where the new Greenhouse Building would be built, the existing Clarendon Hall East Parking Lot, and the area where the access ramp would be constructed from Woodside Avenue to the Main Hospital Building entry driveway. Areas of fill would include the east valley (east of the new Link Building), the temporary Clarendon West Parking Lot, the basement for the Clarendon Hill West Building, and the reconfigured Main East Parking Lot.

With respect to utility plans, it is expected that the proposed facilities would connect to the existing City water and sewer systems.

E6. Proposed Landscaping

The project includes landscaping of Clarendon Valley, parking and infrastructure, and other areas within the campus. Reforestation and other landscaping activities would begin at the earliest feasible construction phase. As part of the reforestation and landscaping effort, drought-tolerant native and Mediterranean trees and shrubs would be planted. The east and west areas of the Clarendon knoll would be planted with replacement trees that would increase the diversity of trees relative to existing conditions.

The areas immediately surrounding the new building complexes would be landscaped with woodland, meadow, and lawn vegetation. A landscape buffer would be planted along the east side of the Clarendon Hill West and East Buildings to help screen the views of these buildings from the

⁸ Bjorkman, Craig, Turner Construction, personal communication on August 2, 2001.

neighborhood to the east of the project site. Following construction, road edges would be landscaped and any exposed slopes on the campus would be stabilized.

As shown on **Figure 2.0-4 (Revised)**, the proposed greenhouse and farm would be located in the northeastern portion of Clarendon Valley. The landscaping plan includes the construction of an improved greenhouse and farm area. In addition, an orchard (including picnic tables) and an approximately 1,200-square-foot garden area would be developed east of the proposed Link Building. Hospital residents would be able to engage in gardening activities in the new garden area. The greenhouse and farm would be accessible to the disabled. Planters would be provided on a raised platform, and gardening activities would be located in a flat area. Both the greenhouse and farm area would be located in a secure meadow.

The greenhouse, farm, and orchard would be used by staff, hospital residents, visitors, and volunteers. The public would have access to these areas during normal business hours.

The existing greenhouse and farm would be temporarily relocated during Phase One of the construction period. The new greenhouse, farm, residents' garden, and orchard would be constructed during Phase Three-A.

The main entrance to the hospital, along with the pedestrian entry from the MUNI stop, would be landscaped. The underbrush along both the main entrance and pedestrian path would be removed to improve the visual character of the area.

F. APPROVALS REQUIRED

Approvals that may be required by the project sponsor include EIR certification; Zoning Map amendment; conditional use permit; shadow impact determination under Planning Code Section 295; priority policies consistency; demolition and building permits; *San Francisco General Plan* Consistency; and Art Commission approval. A discussion of each of these requirements is provided below. Initially it was anticipated that a *General Plan* amendment would also be required to amend the boundary lines between the developed and open space areas on the campus. However, after reviewing project plans, the Planning Department determined that the proposed project would not result in a substantial change in the open space boundary. As a result, a *General Plan* amendment would not be necessary for approval of the project. Although the project does not require an update to the *Institutional Master Plan*, a discussion of the plan is provided for informational purposes only.

Also, please note that approvals for the assisted living facility are not included in the discussion below (with the exception of the building permit) because the requirements associated with funding of that facility are not known at this time.

F1. EIR Certification

Following publication of the Draft EIR there will be a 45-day public review period. During the public review period a public hearing before the Planning Commission will be held. Responses to written and oral comments received on the Draft EIR will be prepared after the close of the public review period. The Final EIR will consist of the Draft EIR, revised as appropriate, and the responses to comments. The Final EIR will be presented to the Planning Commission for certification as to its accuracy, objectivity, and completeness. The Planning Commission cannot take any action approving the proposed project and no permits can be issued until the Final EIR has been certified. The Planning Commission's certification of the EIR may be appealed to the Board of Supervisors.

F2. Zoning Map Amendment

The project may require an adjustment of the boundary between the 80-D and Open Space height districts. Such an adjustment would be considered a Zoning Map amendment pursuant to Section 302 of the Planning Code. In addition, because the proposed Clarendon Hill West and East Buildings would exceed 80 feet in height, the project would require rezoning of the 80-D height district to a 90-D height district. An amendment to the Zoning Map would require a hearing by the Planning Commission. If the Commission finds "from the facts presented that the public necessity, convenience and general welfare require the proposed

amendment or any part thereof," the Commission shall approve the amendment and present it to the Board of Supervisors for approval. The Board may adopt the amendment by a majority vote.

F3. Conditional Use Permit

The developed portions of the site are in the 80-D height and bulk district, which permits construction to a height of 80 feet; above a height of 40 feet, building bulk in this district is limited to a maximum plan dimension of 110 feet in length and 140 feet on the diagonal. As shown in **Appendix 2.0, Proposed Hospital Building Elevations**, the proposed buildings would not conform with the bulk requirements of this district. Pursuant to Section 271 of the Planning Code, deviations from bulk limits shall be permitted only upon approval of a Conditional Use Permit by the Planning Commission, according to the procedures in Section 303 of the Code.

The Planning Commission shall consider the following standards and criteria in its review of the Conditional Use request (in addition to those stated in Section 303(c) of the Code): (1) the appearance of bulk in the building, structure or development shall be reduced by means of at least one and preferably a combination of the factors listed in Section 271(a) of the Planning Code, so as to produce the impression of an aggregate of parts rather than a single building mass; (2) in every case the building, structure, or development shall be made compatible with the character and development of the surrounding area by means of all the factors listed in Section 271(a) of the Planning Code; and (3) while the above factors must be present to a considerable degree for any bulk limit to be exceeded, these factors must be present to a greater degree where both the maximum length and the maximum diagonal dimension are to be exceeded than where only one maximum dimension is to be exceeded.

F4. Shadow Impact Determination Under Planning Code Section 295

Section 295 of the San Francisco Planning Code was adopted in response to Proposition K (passed in November 1984) in order to protect public open spaces from shadowing by new structures during the period between one hour after sunrise and one hour before sunset, year-round. Section 295 restricts new shadow upon public open spaces under the jurisdiction of the Recreation and Park Department by any structures exceeding 40 feet unless the City Planning Commission, in consultation with the General Manager of the Recreation and Park Department, finds the impact to be insignificant.

The proposed hospital buildings would vary from five to seven stories high, with heights of up to 86.5 feet, and the new assisted living facility would be approximately four stories high, with heights of about 50 feet. Therefore, these buildings are subject to the Proposition K requirements.

F5. Priority Policies Consistency

In November 1986, the voters of San Francisco approved Proposition M, the Accountable Planning Initiative, which added Section 101.1 to the City Planning Code to establish eight Priority Policies. Prior to issuing a permit for any project which requires an Initial Study under CEQA, and prior to issuing a permit for any demolition, conversion, or change of use, and prior to taking any action which requires a finding of consistency with the *General Plan*, the City is required to find that the proposed project or legislation is consistent with the Priority Policies. The Planning Department would review the necessary findings of consistency with the Priority Policies concurrent with the Zoning Map amendment and the Conditional Use permit review for the proposed project. This review would be presented to the Planning Commission for approval.

F6. *San Francisco General Plan Consistency*

The proposed project would be reviewed by the Planning Department, the Planning Commission, and the Board of Supervisors in the context of all applicable objectives and policies of the *San Francisco General Plan*. Pertinent objectives and policies are discussed in **Section 3.1, Land Use and Planning**. Decision makers may address additional objectives and policies from the *General Plan* during consideration of project approval.

F7. *Institutional Master Plan*

Section 304.5 of the Planning Code requires that "each medical institution...in the City and County of San Francisco shall have on file with the Department of City Planning a current institutional master plan describing the existing and anticipated future development of that institution...". Among the required elements of the plan is a description of "the development plans of the institution, for a future period of not less than 10 years, and the physical changes in the institution projected to be needed to achieve those plans."

The Laguna Honda hospital is not subject to the institutional master plan requirements of San Francisco Planning Code Section 304.5 because the hospital is on City-owned land and is under the jurisdiction of the San Francisco Public Health Commission. Although there is a Laguna Honda Hospital *Institutional Master Plan*, the Planning Department uses the document for informational purposes only. The current *Institutional Master Plan* for Laguna Honda hospital was prepared in October 1994 and is on file at the Planning Department; the next update to the *Institutional Master Plan* will occur in Fiscal Year 2003-2004.

The proposed demolition of existing facilities, renovation of a portion of the existing Main Hospital Building, construction of a new hospital, and construction of an assisted living facility are all components of the recommended project outlined in the *Institutional Master Plan*. The details of the actual design and siting of the project, including the location of the assisted living facility and the design of the new hospital, may differ from the *Institutional Master Plan*; however, the overall proposed project would be consistent with the *Institutional Master Plan*.

F8. *Art Commission Review*

The Civic Design Review Committee (a committee of the San Francisco Art Commission) reviews the design of proposed public buildings at three phases: schematics, design development, and construction documents. Since the proposed project is a public project, it will be subject to review and approval by the Civic Design Review Committee at each of these phases. The three-phase review process is intended

to ensure that each project's design is appropriate to its context in the urban environment, and that structures of the highest design quality reflect civic stature. To this end the committee will evaluate the project's design, scale, and massing for accessibility, safety, and aesthetic merit.

F9. Demolition and Building Permits

The Office of Statewide Health Planning and Development (OSHPD) is responsible for overseeing all aspects of general acute care hospital, psychiatric hospital, and skilled nursing home and intermediate care facility construction in California. The construction of the new hospital buildings (excluding the

assisted living facility) would require an OSHPD permit. The Facilities Development Division of OSHPD would review the proposed project construction drawings and specifications for code compliance and would issue a building permit upon plan approval. The Department of Building Inspection (DBI) would issue a building permit for construction of the assisted living facility and renovation of Wings A, B, C, and H of the Main Hospital Building; a demolition permit for the existing hospital buildings to be demolished; and a grading permit for grading that would occur on site.

G. INTENDED USES OF THIS EIR

This EIR addresses the potential impacts that may result from implementation of the proposed project described in this chapter. The EIR is intended to serve primarily as a source of information for the City and County of San Francisco, which is the Lead Agency for the proposed project. As defined by CEQA, a Lead Agency is the public agency with the principal responsibility for reviewing a project. In addition, the EIR will satisfy CEQA requirements for OSHPD, which is a Responsible Agency under CEQA.

The EIR will be circulated to all other agencies, departments, boards, and commissions, as described above, with approval authority over portions of the proposed project for their comments prior to their acting on this project.

3.0 EXISTING CONDITIONS AND PROJECT IMPACTS

An application for environmental evaluation for the proposed project was filed on January 4, 2000. On the basis of an Initial Study published on February 3, 2001, the San Francisco Planning Department determined that an EIR was required. The Initial Study determined that the following effects of the proposed project would either be less than significant or would be reduced to a less-than-significant level by mitigation measures included in the project and thus require no further analysis: population, air quality/climate, utilities/public services, biology, geology/topography, water, energy/natural resources, and archaeological and paleontological resources. Therefore, the EIR does not discuss most of these issues. However, the EIR does address shadow effects on public areas (Proposition K), because the proposed project has been refined subsequent to the completion of the Initial Study. The Initial Study also found that issues related to land use would not cause significant environmental effects and required no further analysis, but noted that the EIR would include a discussion of land use for informational purposes. In addition, the Initial Study determined that environmental impacts associated with hazards would not be significant given mitigation measures included in the proposed project and did not require further analysis. However, in response to a Notice of Preparation comment letter received from the Department of Toxic Substances Control, the topics of hazardous materials, hazardous wastes, and soil and groundwater contamination are included in the EIR. Other topics in the Initial Study that were found to have potentially significant impacts and are addressed in the section include transportation, circulation, and parking; visual quality; construction noise; and historic architectural resources.

This section of the report describes the existing conditions and assesses the environmental impacts of the proposed project as described in **Section 2.0, Project Description**. It should be noted that, although the assisted living facility is part of the proposed project, it would be developed at a later stage. Its design is only conceptual at present, and the approval requirements for this facility have not yet been fully identified. Therefore, it is possible that additional CEQA analysis may be performed, if necessary, prior to approval of the assisted living facility.

3.1 LAND USE AND PLANNING

A. SUMMARY

The proposed project would be consistent with nearby existing and planned land uses. The project also would be consistent with the P (Public Use) zoning district designation for the site. The existing boundary line on the site between the 80-D and OS height and bulk districts may require a minor adjustment to accommodate the proposed site plan and building layout. An adjustment to the existing boundary line would require a Zoning Map amendment pursuant to Section 302 of the Planning Code. In addition, the project would not conform to the height or bulk requirements of the 80-D district. The tallest project building is 86.5 feet tall, which would require a rezoning from the 80-foot height district to the 90-foot height district. Pursuant to Section 271 of the Planning Code, deviations from bulk limits shall be permitted upon approval by the City Planning Commission according to the procedures for Conditional Use approval in Section 303 of the Code.

Based on the current schematic design the site plan and building layout differs somewhat from that proposed in the Institutional Master Plan; however, the overall proposed project would be consistent with the planned development and use of the site as outlined in the Institutional Master Plan.

Once the Final EIR is certified, the Planning Department will be required to review the project for consistency with the General Plan, Planning Code, Institutional Master Plan, and Accountable Planning Initiative policies prior to granting any of the above-mentioned approvals and issuance of building and demolition permits by the Department of Building Inspection.

B. INTRODUCTION

This section describes existing land uses and features of the project site and planned development in the project vicinity. The compatibility of the project with nearby existing and planned land uses is also discussed. In accordance with CEQA *Guidelines* Section 15125(b), this section also includes an analysis of the project relative to the plans, policies, and regulations of the *San Francisco General Plan* and *San Francisco Planning Code*. In addition, this section includes a discussion of the *Laguna Honda Hospital Institutional Master Plan*, and *San Francisco Planning Code* Section 101.1(b), otherwise known as the *Accountable Planning Initiative*.

C. LAND USE AND ZONING

C1. Existing Land Use

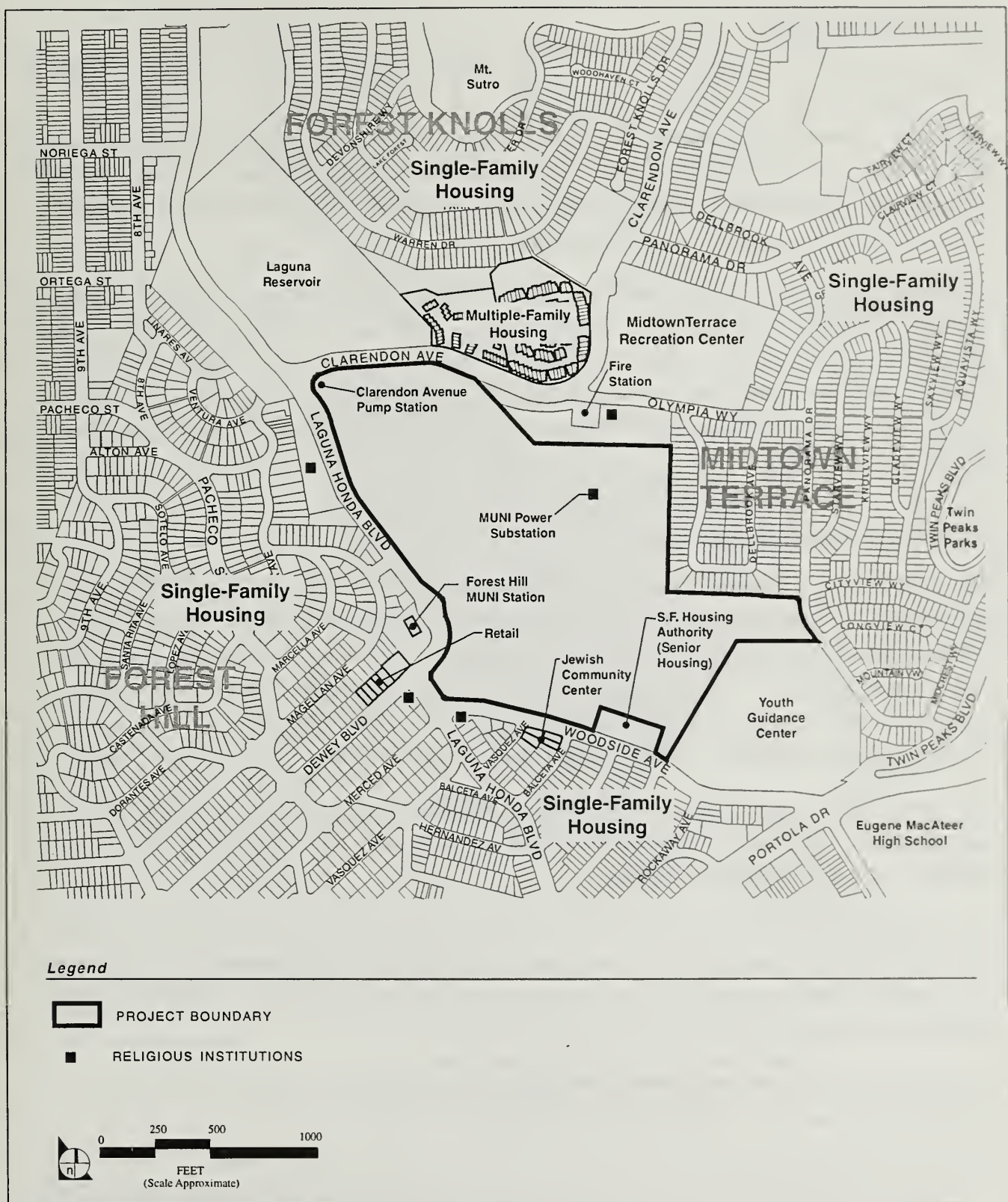
As discussed in Section 2.0, *Project Description*, and shown in *Figure 2.0-1, Project Location*, the *Laguna Honda Hospital and Rehabilitation Center* currently occupies a 62-acre project site located on the western

slope of Twin Peaks in central San Francisco. The site encompasses the majority of Assessor's Block 2842, Lot 7. The remainder of Assessor's Block 2842 is occupied by the Youth Guidance Center (YGC), which includes the Juvenile Hall facility operated by the San Francisco Juvenile Probation Department; a mid-rise senior housing complex owned and operated by the San Francisco Housing Authority; the Clarendon Avenue Pump Station; a MUNI electrical power substation; and a fire station. A separate project is planned for the Juvenile Hall facility located within the YGC complex (refer to **Subsection E., Planned and Approved Land Uses**, below).

The existing 704,331-gross-square-foot hospital provides long-term health care services for the elderly and disabled residents of the City and County of San Francisco. The hospital's services include skilled nursing care, hospice, rehabilitation, acute medical, senior nutrition, and adult day health services. The hospital currently operates with an average of 1,065 beds and employs about 1,500 total employees. The hospital is currently licensed to operate 1,457 beds.

The existing hospital campus occupies the central, north-central, and southern portions of the project site. The east, north, northwest, and west parts of the site and a portion of the southern boundary are primarily open space. The existing hospital campus includes two principal hospital buildings, the Main Hospital and Clarendon Hall. Support facilities include a bridge building connecting the two main facilities, a laundry building, boiler and power plant, shop building, garage and greenhouse. Trackway for the MUNI Metro transects the center of the site underground. The MUNI electrical power substation is near the center of the site, east of Clarendon Hall.

The Laguna Honda hospital campus is adjacent to three residential neighborhoods: Forest Knolls to the north, Forest Hill to the west and south, and Midtown Terrace/Twin Peaks to the east. These neighborhoods and other land uses near the project site are depicted in **Figure 3.1-1, Existing Land Uses in Project Vicinity**. Adjacent land uses include single-family residential, senior housing, churches, a synagogue, and a Jewish community center to the east, south, and west. A small neighborhood commercial cluster is across from the project site at Laguna Honda Boulevard and Woodside Avenue and includes restaurants, a grocery, a dry cleaner, and a vacant store front. The Forest Hill MUNI Metro Station is located about 250 feet southwest of the current main hospital entrance. The YGC, including Juvenile Hall, is immediately adjacent to the site on the east side. Eugene MacAteer High School is located southeast of the project site at Woodside Avenue and Portola Drive. Uses to the north of the site include open space, mid-rise multi-family residential, a church, a fire station, and the Midtown Terrace Recreation Center.



SOURCE: Pittman & Associates, Impact Sciences

FIGURE 3.1-1

Existing Land Uses in Project Vicinity

C2. Existing Zoning

C2(a) Use Districts

As shown in Figure 3.1-2, *Existing Zoning Districts in Project Vicinity*, the project site is in the P (Public Use) zoning district. The P district applies to "land that is owned by a governmental agency and in some form of public use, including open space," and allows "Public structures and uses of the City and County of San Francisco, and of other governmental agencies..."¹

The zoning district designation south and west of the site is predominantly RH-1 (D) (Residential, House Districts, One-Family [Detached Dwellings]), but includes small enclaves of RH-1 (Residential, House Districts, One-Family), RH-2 (Residential, House Districts, Two-Family), RM-2 (Residential, Mixed Districts, Moderate Density), RM-3 (Residential, Mixed Districts, Medium Density), NC-1 (Neighborhood Commercial Cluster), and P (Public Use) zoning. Zoning to the north and east is predominately RH-1, RH-1 (D), and P.

C2(b) Height and Bulk Districts

The project site and adjacent areas are also subject to the San Francisco height and bulk district requirements.² Figure 3.1-3, *Existing Height and Bulk Districts in Project Vicinity*, shows the height and bulk districts for the project site and surrounding area. The project site includes the 80-D and OS height and bulk districts. The developed portions of the site are in the 80-D height and bulk district, which provides for construction to a height of 80 feet; above 40 feet, building bulk is limited to a maximum plan dimension of 110 feet in length and 140 feet on the diagonal.

The existing Main Hospital Building and Clarendon Hall exceed these restrictions. However, they were built prior to the enactment of the height and bulk district designations and therefore they were not required to comply with these requirements.

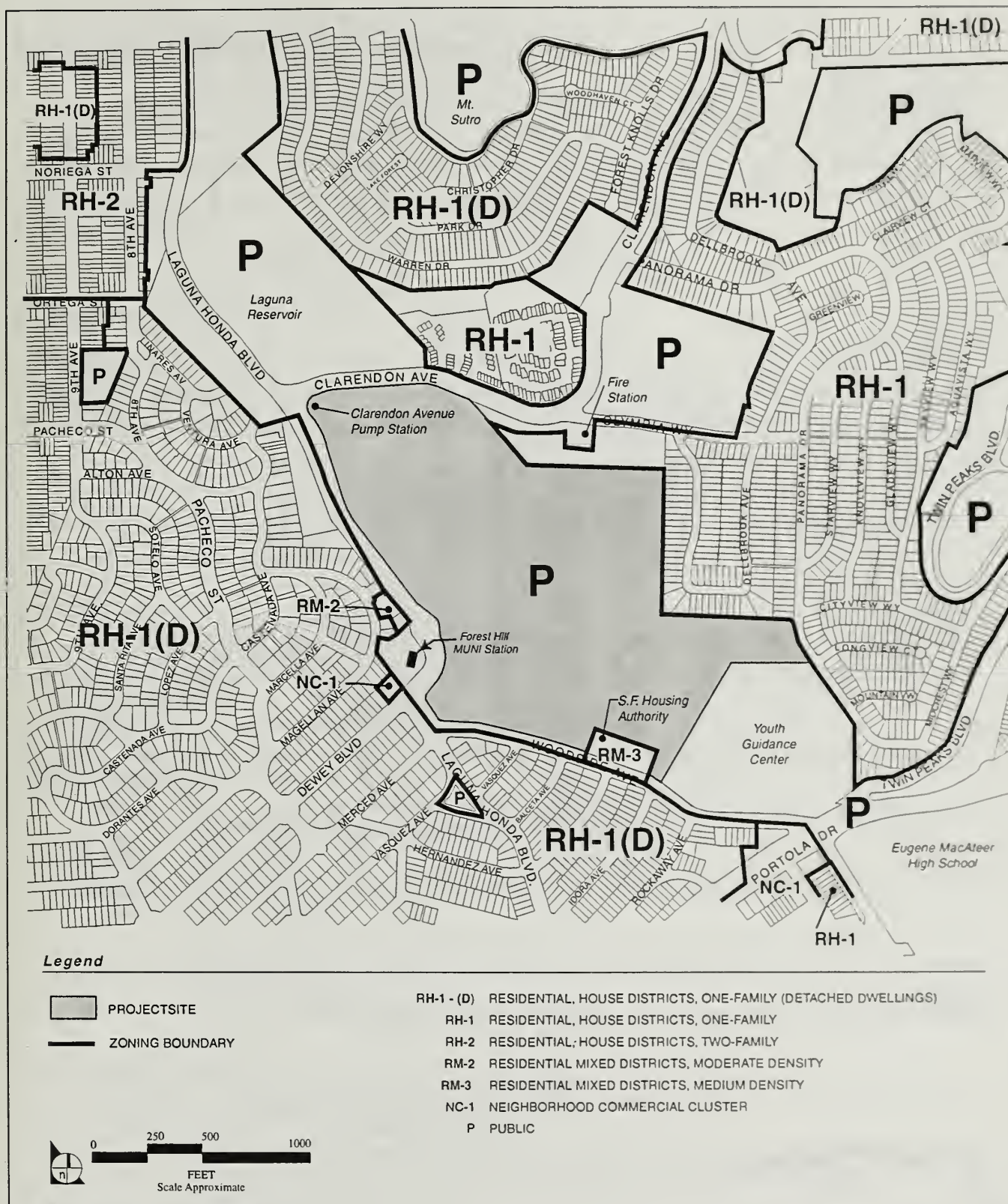
The undeveloped portions of the site are in the OS height and bulk district, which provides for open space as the principal permitted use. In accordance with Section 290 of the Planning Code, no building, structure or addition to existing building or structures would be permitted unless in conformity with the *San Francisco General Plan*.³

The height and bulk district designations near the project site are predominantly 40-X and OS. The 40-X district generally provides for heights of up to 40 feet.

¹ City and County of San Francisco, Planning Code, Section 234, "P Districts," and Section 234.1, "Principal Uses Permitted, P Districts," June 1990; and City and County of San Francisco, Zoning Map, Sheet 6, May 1994.

² City and County of San Francisco, Planning Code, Section 252, "Classes of Height and Bulk Districts," March 1991; and City and County of San Francisco, Zoning Map, Sheet 6H, "Height and Bulk Districts," May 1994.

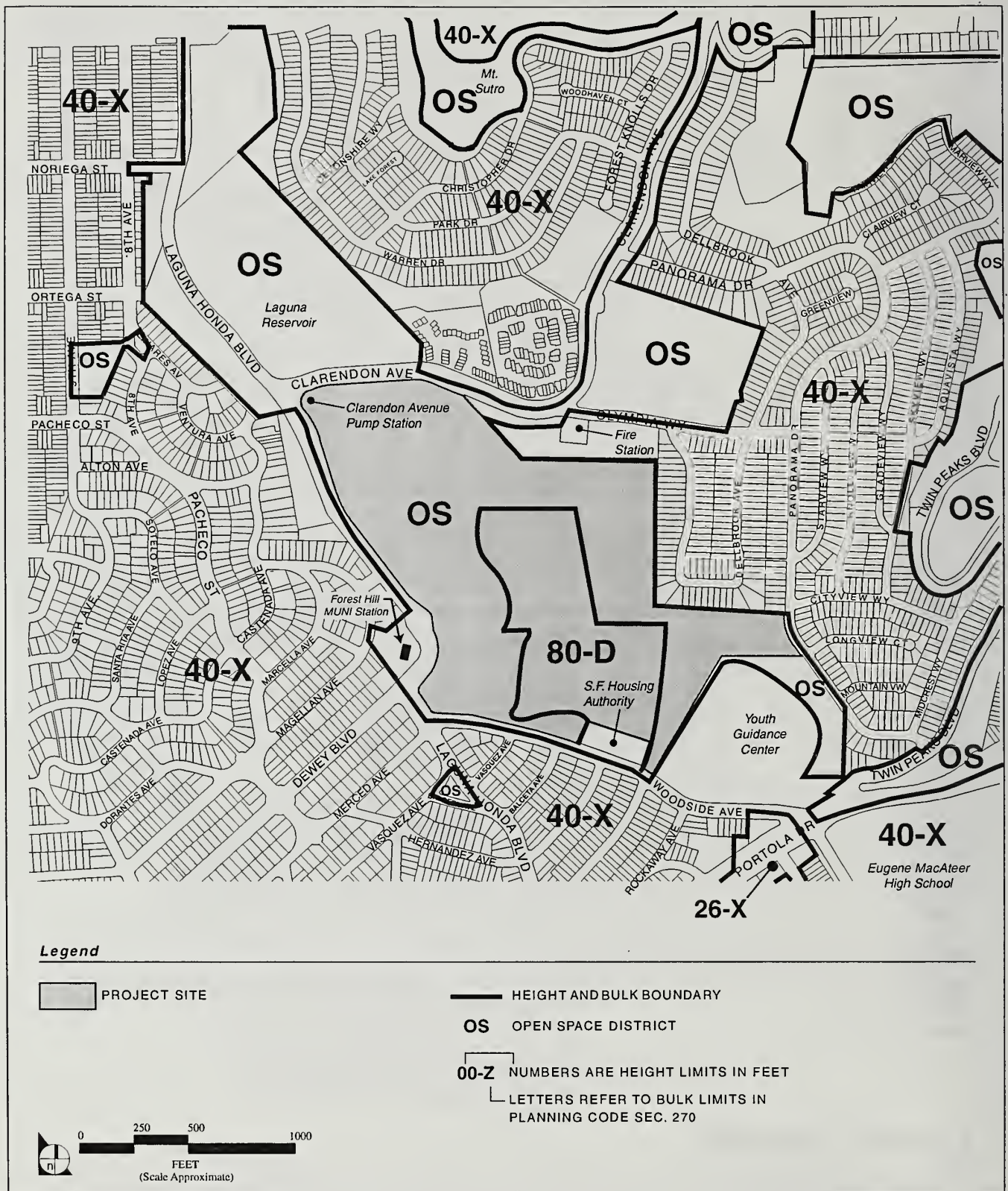
³ City and County of San Francisco, Planning Code, Section 290, "Height and Bulk Limits For Open Space Districts," June 1990.



SOURCE: San Francisco Planning Department

FIGURE 3.1-2

Existing Zoning Districts in Project Vicinity



SOURCE: San Francisco Planning Department

FIGURE **3.1-3**

Existing Height and Bulk Districts in Project Vicinity

D. APPLICABLE PLANS AND POLICIES

The Community Facilities Element of the *San Francisco General Plan* includes the project site in the *San Francisco Institutional Uses Plan*. In addition to compliance with the *General Plan* policies, the project is subject to the provisions of the *Institutional Uses Plan*, which requires each institutional use to prepare a Master Plan of development. The *Laguna Honda Hospital Institutional Master Plan* is discussed later in Subsection D2.

D1. General Plan

The *San Francisco General Plan* designates the project site as an Institutional Facility in the Community Facilities Element and as Public Open Space in the Recreation and Open Space Element.⁴ In addition to specific land use designations, the *San Francisco General Plan* contains objectives and policies related to physical environmental issues that are applicable to this project. The Planning Commission would review the project in the context of these applicable objectives and policies. Some of the key *General Plan* objectives and policies pertinent to the project are listed below; others may be addressed during consideration of project approval.

Residence Element

- Objective 6: To provide a quality living environment.
 - Policy 3: Minimize the disruption caused by expansion of institutions into residential areas.

Commerce and Industry Element

- Objective 7: Enhance San Francisco's position as a national and regional center for governmental, health and educational services.
 - Policy 3: Promote the provision of adequate health and educational services to all geographical districts and cultural groups in the city.

Transportation Element

- Objective 33: Contain and lessen the traffic and parking impact of institutions on surrounding residential areas.
 - Policy 33.1: Limit the provision of long-term parking facilities at institutions and encourage such institutions to regulate existing facilities to assure use by short-term clients and visitors.
 - Policy 33.2: Protect residential neighborhoods from the parking impacts of nearby traffic generators.

Urban Design Element

- Objective 2: Conservation of resources which provide a sense of nature, continuity with the past, and freedom from overcrowding.
 - Policy 4: Preserve notable landmarks and areas of historic, architectural or aesthetic value, and promote the preservation of other buildings and features that provide continuity with past development.

⁴ City and County of San Francisco, Master Plan (*General Plan*), as amended.

- Policy 5: Use care in the remodeling of older buildings, in order to enhance rather than weaken the original character of such buildings.

Community Facilities Element

- Objective 9: Assure that institutional uses are located in a manner that will enhance their efficient and effective use.
 - Policy 1: Locate institutional uses according to the Institutional Facilities Plan.

Community Safety Element

- Objective 1: Reduce hazards to life safety, minimize property damage and economic dislocations resulting from future earthquakes.
 - Policy 3: Abate existing hazards in all critical community facilities...
- Objective 2: Preserve, consistent with life safety considerations, the architectural character of buildings and structures important to the unique visual image of San Francisco.
 - Policy 1: Retain the architectural design character of buildings and structures in the renovation work required for the abatement of hazards to life safety.

D2. Laguna Honda Hospital Institutional Master Plan

The *San Francisco Institutional Uses Plan* and Section 304.5 of the Planning Code require that "each medical institution...in the City and County of San Francisco shall have on file with the Department of City Planning a current institutional master plan describing the existing and anticipated future development of that institution..." Among the required elements of the plan is a description of "the development plans of the institution, for a period of not less than 10 years, and the physical changes in the institution projected to be needed to achieve those plans." The Laguna Honda hospital is not subject to the institutional master plan requirements of San Francisco Planning Code Section 304.5 because the hospital is on City-owned land and is under the jurisdiction of the San Francisco Public Health Commission. Although there is a *Laguna Honda Hospital Institutional Master Plan*, the Planning Department uses the document for informational purposes only. The *Laguna Honda Hospital Institutional Master Plan* was adopted in 1994.⁵ The next update to that plan is due in Fiscal Year 2003-2004.

D3. Accountable Planning Initiative

On November 4, 1986, the voters of San Francisco approved Proposition M, the Accountable Planning Initiative, which is codified as Section 101.1 (b) of the Planning Code.⁶ These policies are: (1) preservation and enhancement of neighborhood retail uses; (2) protection of neighborhood character; (3) preservation and enhancement of affordable housing; (4) discouragement of commuter automobiles; (5) protection of industrial and service land uses from commercial office development and enhancement of residential employment and business ownership; (6) earthquake preparedness; (7) landmark historic building preservation; and (8) preservation of open space. Prior to issuing a permit for any project, or adopting any legislation that requires an Initial Study under CEQA, or adopting any zoning ordinance or development agreement, and before taking any action that requires a finding of consistency with the

⁵ City and County of San Francisco, Planning Code, Section 304.5, "Institutional Master Plans," June 1990.

⁶ City and County of San Francisco, Planning Code, Section 101.1(b), "Accountable Planning Initiative," June 1990.

General Plan, the City is required to find that the project is consistent with the Priority Policies established by Proposition M.

D4. Applicable Planning Code Provisions

The proposed project is subject to those San Francisco Planning Code controls applicable on City-owned property. These controls include Article 1.5 (Off-street Parking and Loading), Article 2 (Use Districts), and Article 2.5 (Height and Bulk Districts).

E. PLANNED AND APPROVED LAND USES

A reconstruction project is proposed for the Juvenile Hall facility located on the northwest portion of the YGC campus, adjacent to and east of the project site. Built in 1950, the existing facility does not meet mandated operating standards of the State Board of Corrections. The Juvenile Hall Reconstruction Project includes phased demolition and replacement of buildings and infrastructure, a minor expansion in usable square footage and an increase of 18 beds (a total of 150 beds). Only the Juvenile Hall facility would be demolished and replaced. The replacement facility would be constructed in phases on portions of the existing Juvenile Hall site to maintain existing facility space and operations throughout the construction period. The existing administration and court buildings along Woodside Avenue would remain. The first phase of the reconstruction project would begin in July of 2002, with completion by September 2004.⁷

The Juvenile Probation Department and Department of Public Health are planning to install a signal at the intersection of Woodside Avenue and a planned shared driveway entrance between the YGC and the Laguna Honda hospital campus, as discussed in **Section 3.2, Transportation, Circulation, and Parking**.

- In March 2002, the S.F. Public Utilities Commission will begin the third and final phase of the Sutro Reservoir and Pipeline project, which includes rehabilitation and miscellaneous improvements of the reservoir. The project is anticipated to be completed in September 2003.
- The project site is adjacent to three established, built-out residential neighborhoods. No other on-going or planned projects in the campus vicinity would overlap with the proposed project's construction schedule. Construction is underway to convert the site of a former gas station west of the project site into a high-density residential development.

F. CHANGES IN LAND USE AND ZONING

The project site is currently a long-term health care facility occupied by hospital buildings and support structures, parking, open space, trees, and vegetated/landscaped areas. The proposed project would result in the demolition of most of the existing structures on the site, and construction of a replacement hospital and a new assisted living facility. The existing hospital facility, including all buildings and support facilities, contains approximately 704,331 gross square feet. When completed, the proposed

⁷ Chris Bigelow, Department of Public Works, Bureau of Architecture, written communication, October 9, 2001.

project would total 986,910 gross square feet of building space, including new construction of 781,979 square feet of hospital, assisted living facility and support facilities, and retention of 204,931 square feet of existing building area in the Main Hospital.

The project would accommodate 1,200 total hospital beds. This number is about 135 more beds than are currently provided at the existing hospital, but about the same number provided at the hospital as recently as Fiscal Year 1997-1998. In addition, the project would provide about 140 assisted living beds. The proposed hospital and assisted living facility would employ 66 more full-time equivalent staff than the current facility. The existing facility includes 603 parking spaces. The new facility would provide 655 parking spaces (a net increase of 52 spaces) to address the increased parking needs of visitors and employees.

Although the project would increase the total square footage and bed capacity of the hospital facility, proposed development of the site would be consistent with the current use of the site as a hospital. The proposed assisted living facility would provide assisted care and housing opportunities for the elderly and disabled, which would be consistent with the existing use of the site and the residential uses in the surrounding neighborhood.

The current schematic design and site plan indicate that the project would not result in a substantial change in the amount of open space use or vistas on the project site. A permanent surface parking lot would be located in an existing vacant area, northwest of Clarendon Hall; however, this area would be landscaped to blend with nearby existing vegetation.

From a cumulative perspective, the existing Laguna Honda hospital and the adjacent Juvenile Hall facilities are established institutional uses in central San Francisco and the surrounding residential neighborhoods. Combined, these two replacement projects would provide improved, state-of-the-art facilities for two important institutions within the City and County of San Francisco. Both projects would be a continuation of existing uses.

F1. Planning Code Amendments

The existing P (Public Use) zoning district designation of the project site permits land that is owned by a governmental agency and that is used for public purposes. The site is owned by the City and County of San Francisco, and the proposed hospital buildings and assisted living facility would be principal permitted uses within the P zoning district.

F1(a) Height District Rezoning

The tallest building on the campus is proposed to be 86.5 feet, as measured from the base of the building to the roof elevation. Therefore, the proposed project would exceed the permitted height in the 80-D height and bulk district, and would require rezoning to the 90-foot height district. This rezoning would require a modification to the Zoning Map (Sheet 6-H) as discussed

below.⁸ Pursuant to Section 302 of the Code, the Zoning Map modification would require a public hearing by the Planning Commission.⁹

If the Commission finds "from the facts presented that the public necessity, convenience and general welfare require the proposed amendment or any part thereof," the Commission shall approve the amendment and present it to the Board of Supervisors for approval. The Board may adopt the amendment by a majority vote.

F1(b) Conditional Use Permit

As shown in Appendix 2.0, Proposed Hospital Building Elevations, the proposed buildings also would not comply with the bulk requirements of the 80-D height and bulk district (or with the bulk requirements of the 90-D height and bulk district, should the height district be reclassified). Pursuant to Section 271 (b) of the Planning Code, deviations from bulk limits shall be permitted upon approval of the Planning Commission according to the procedures for Conditional Use approval in Section 303 of the Code.¹⁰

In its review of the Conditional Use request, the Planning Commission shall consider the following standards and criteria as described in Section 271 (c) of the Planning Code (in addition to those stated in Section 303 (c) of the Code): (1) the appearance of the bulk in the building, structure, or development shall be reduced by means of at least one and preferably a combination of factors listed in Section 271 (c) (1) (A-E) of the Planning Code, so as to produce the impression of an aggregate of parts rather than a single building mass; (2) in every case the building, structure, or development shall be made compatible with the character and development of the surrounding area by means of all the factors listed in Section 271 (c) (2) (A-D) of the Planning Code; and (3) while the above factors must be present to a considerable degree for any bulk limit to be exceeded, these factors must be present to a greater degree where both the maximum length and the maximum diagonal dimension are to be exceeded than where only one maximum dimension is to be exceeded.¹¹

F1(c) OS and 80-D District Boundary Modification

The proposed location of the new replacement buildings could require modification of the boundary between the 80-D and OS height and bulk districts. The extent of the potential boundary modification between the OS and 80-D districts on the site is not known at this time, because the current boundary is

⁸ Rick Crawford, Department of Planning, written communication, October 16, 2001.

⁹ City and County of San Francisco, Planning Code, Section 302, "Amendments," June 1990.

¹⁰ City and County of San Francisco, Planning Code, Section 271, "Bulk Limits: Special Exceptions, In Districts Other Than C-3," (b) "Procedures," March, 1989.

¹¹ City and County of San Francisco, Planning Code, Section 271, "Bulk Limits: Special Exceptions, In Districts Other Than C-3," (c) "Criteria," March, 1989.

approximate and its precise location on the site is not known. That adjustment would be considered a Zoning Map amendment pursuant to Section 302 of the Code. Pursuant to Section 302 of the Code, the Zoning Map amendment would require a public hearing by the Planning Commission. The Board may adopt the amendment by a majority vote. Modification of the bulk district boundary may result in a decrease in the amount of land designated as open space on the project site. However, the majority of the designated open space on the project site would remain.

G. POTENTIAL CONFLICTS WITH PLANS AND POLICIES

G1. *General Plan Consistency*

The Planning Commission and other City decision makers would evaluate the proposed project against the objectives and policies of the *General Plan*, and would consider conflicts with the *General Plan* as a part of the decision-making process. The consideration of the *General Plan* objectives and policies is carried out independently of the environmental review process, as a part of the decision to approve, modify, or disapprove a proposed project. The decision makers may identify potential conflicts between the project and the *General Plan*. Those conflicts would not be considered significant environmental effects. During the decision making process, the decision-makers must evaluate and balance the potentially conflicting goals of different *General Plan* policies. Any potential conflicts with the provisions of the *General Plan* that would cause physical environmental impacts have been evaluated as a part of the impact analysis carried out in other topical sections of this EIR and in the Initial Study (Appendix 1.0).

G2. *Institutional Master Plan*

The proposed demolition of the existing facilities, renovation of a portion of the existing Main Hospital, construction of a new hospital, and construction of an assisted living facility are all components of the recommended project in the *Institutional Master Plan*. The details of the actual design and location of the project, including the location of the hospital and assisted living facility, may differ from the *Institutional Master Plan*; however, the overall proposed project would be consistent with the *Institutional Master Plan*. Review of the final design and location of the project facilities would occur as part of the project approval process through the Planning Department.

G3. Accountable Planning Initiative

Before issuing a permit for any project or adopting any legislation that requires an Initial Study under CEQA, or adopting any zoning ordinance or development agreement, and before taking any action which requires a finding of consistency with the *General Plan*, the City is required to find that the proposed project, legislation, or action is consistent with the Priority Policies (see **Subsection D3, Accountable Planning Initiative**, for a discussion of these policies).

3.2 TRANSPORTATION, CIRCULATION, AND PARKING

A. SUMMARY

Traffic generated by the proposed project would be associated with new construction of the Main Hospital, assisted living facility, and proposed outpatient program expansion. During the weekday PM peak hour, the Main Hospital would generate approximately 229 vehicle and transit trips, 26 of which would be net new trips. The assisted living facility would generate about 36 new vehicle trips, and the outpatient patient expansion services about 14 new vehicle trips.

The transportation impact analysis evaluated Existing Plus Project and future 2015 Cumulative traffic conditions. Five intersections in the project vicinity were analyzed. These include three signalized intersections (Dewey Boulevard/Laguna Honda Boulevard/Woodside Avenue; Woodside Avenue/O'Shaughnessy Boulevard/Portola Drive; and the Woodside Hospital Access Driveway, which is planned for signalization and improvements by Fall 2002). The two unsignalized intersections include Clarendon Avenue/Laguna Honda Boulevard and the Hospital Main Access Driveway. Under Existing Plus Project conditions, all intersections would operate at Level of Service (LOS) C or better. Under 2015 Cumulative operating conditions, the intersection of Woodside/O'Shaughnessy/Portola would worsen to operate at LOS E, and the westbound approach at the intersection of Clarendon Avenue/Laguna Honda Boulevard would worsen to operate at LOS F. The project would contribute 3 and 4 percent of the traffic, respectively, at these intersections, which would not be a considerable contribution to cumulative traffic impacts. The remaining intersections (including all stop-controlled approaches) would operate at LOS C or better under future 2015 Cumulative conditions.

The project would generate about 26 net new transit trips during the PM peak hour, which would not affect existing MUNI peak hour capacity utilization. The proposed project would provide 655 parking spaces, a net increase of 52 spaces over the existing 603 on-site designated parking spaces. The project would result in an unmet parking demand of 58 spaces, which could be partially accommodated on-site and on adjacent major arterials. The proposed project is anticipated to result in a minimal increase in pedestrian and bicycle traffic in the vicinity of the project site. The project would provide a total of nine off-street freight loading spaces, five more than the minimum number required by the Planning Code.

During the construction period, there would be a flow of construction-related trucks into and out of the site. The impact of construction truck traffic would be a temporary lessening of the capacities of streets due to the slower movement and larger turning radii of trucks, which would affect both traffic and MUNI operations. Based on preliminary construction plans, truck traffic would range from an average of seven trucks per day to a peak of 15 trucks per day. The peak truck traffic would occur during the first year of Phase Two, in 2004.

During most phases of construction, it is anticipated that construction-related parking could be accommodated within the project site. During the peak construction period, the project sponsor and contractor may need to make

arrangements at remote parking facilities to provide shuttle service to the site for both construction workers and hospital employees.

The project would not result in significant transportation impacts under Existing Plus Project and future 2015 Cumulative traffic conditions. Construction traffic effects would not be considered significant.

B. INTRODUCTION

This section discusses potential project effects related to transportation and circulation, including intersection operations, transit demand, and impacts on pedestrian circulation, parking, bicycles, and freight loading, as well as construction impacts. The discussion summarizes the *Laguna Honda Hospital Transportation Study*, prepared by Wilbur Smith Associates, February 8, 2001, which addresses the existing transportation network and assesses the transportation impacts associated with the proposed project. The transportation study is on file and available for review by appointment at the San Francisco Planning Department, 1660 Mission Street, as part of Case File 2000.005E.

C. SETTING

C1. Roadway Network

The regional and local roadway networks in the project vicinity are shown on **Figure 2.0-1, Project Location**, in Section 2.0, Project Description.

C1(a) Regional Access

Interstate 280 (I-280) provides the primary regional access to the project area. This freeway extends from the China Basin and South Beach areas to serve southern San Francisco, the Peninsula, and the South Bay. The I-280 on-ramps and off-ramps nearest to the project site are located at Monterey Boulevard. I-280 has an interchange with U.S. Highway 101 (U.S. 101) southeast of the project area. Connections can also be made from I-280 to Interstate 80 (I-80) located north of the study area via U.S. 101. I-80, which includes the San Francisco-Oakland Bay Bridge, connects San Francisco with East Bay areas.

U.S. 101 is located east of the project area, and provides regional access to the South Bay and the Peninsula. U.S. 101 also connects San Francisco and the North Bay via Van Ness Avenue or Gough and Franklin Streets, to either Lombard Street or Bay Street and Marina Boulevard and then to the Golden Gate Bridge. Nearby access to and from U.S. 101 (to the south) is provided via a connection from I-280 southeast of the project site (using the on-ramps and off-ramps at Monterey Boulevard). Access to and from U.S. 101 (to the north) is also available using the Mission Street or Fell Street exits.

C1(b) Local Access

Most of the following streets are identified as Major or Secondary Arterials in the *San Francisco General Plan*.¹ Major and Secondary Arterials are designated to carry traffic among districts in the city and local traffic.

Clarendon Avenue

Clarendon Avenue is a generally north-south arterial that extends between Clayton Street and Laguna Honda Boulevard. It is a designated Secondary Arterial in the *General Plan*, and has two travel lanes in each direction. In the vicinity of the project site, Clarendon Avenue has six-foot-wide sidewalks, and unmetered parking on both sides.

Laguna Honda Boulevard

Laguna Honda Boulevard is a north-south arterial that extends north from Portola Drive, leading to Seventh Avenue (north of Noriega Street). Within the study area, Laguna Honda Boulevard has three distinct segments. Immediately north of Clarendon Avenue, it has one traffic lane and one bicycle lane in each direction, no parking and a six-foot-wide sidewalk on the west side of the street. From Clarendon Avenue to Dewey Boulevard, Laguna Honda Boulevard has two travel lanes in each direction, unmetered parking on the west side of the road, and six- to nine-foot-wide sidewalks on both sides. Between Clarendon Avenue and Dewey Boulevard, on-street parking is not allowed in the immediate vicinity of the Forest Hill MUNI Station or on the east side of Laguna Honda Boulevard. Directly adjacent to the project site, on-street parking is not permitted on Laguna Honda Boulevard and the sidewalks are approximately 12 feet wide. South of Dewey Boulevard, Laguna Honda Boulevard has one travel lane in each direction, four-hour unmetered parking, and six-foot-wide sidewalks on both sides.

North of Woodside Avenue, Laguna Honda Boulevard is identified as a Secondary Arterial, Secondary Transit Street and Neighborhood Pedestrian (Commercial) Street in the Transportation Element of the *General Plan*. The entire length of Laguna Honda Boulevard is designated as part of the Citywide Bicycle Network (Routes #65 to 60, north to south). A bicycle lane (Class II) exists on the portion north of Clarendon Avenue, a shared bicycle route (Class III) exists between Clarendon Avenue and Woodside Avenue and a wide curb lane bicycle route (Class III) exists south of Woodside Avenue to Portola Drive.

Dewey Boulevard

Dewey Boulevard is a northeast-southwest arterial that extends from Claremont Boulevard to Laguna Honda Boulevard. Within the study area, Dewey Boulevard is a two-way roadway with one travel lane and one bicycle lane in each direction, two-hour unmetered parking and six-foot-wide sidewalks on both

¹ San Francisco *General Plan*, Transportation Element, July 1995.

sides. It is designated as a Secondary Arterial in the Transportation Element of the *General Plan*. It is also designated as part of the Citywide Bicycle Network (Routes #60 and #65, Class II).

Woodside Avenue

Woodside Avenue is a generally east-west arterial that extends from Laguna Honda Boulevard to Portola Drive (where it meets O'Shaughnessy Avenue). It is a designated Secondary Arterial in the *General Plan*, and has two travel lanes in each direction. It is also designated as a Neighborhood Pedestrian (Commercial) Street and as part of the Citywide Bicycle Network (Route #60, Class III). In the vicinity of the project site, Woodside Avenue has six- to nine-foot-wide sidewalks, and four-hour unmetered parking on both sides of the street, except on the west side of the street between Hernandez and Balceta Avenues.

Portola Drive

Portola Drive is an east-west arterial that extends from St. Francis Boulevard (Sloat Boulevard) to Corbett Avenue. In the vicinity of the project site, Portola Drive is a divided roadway with three travel lanes in each direction, no on-street parking and six-foot-wide sidewalks on both sides. In the *General Plan*, Portola Drive is designated as a Major Arterial in the Congestion Management Network, a Freight Traffic Route, and a Citywide Bicycle Route (Route #50, Class III).

O'Shaughnessy Boulevard

O'Shaughnessy Boulevard is a generally north-south roadway that extends from Portola Drive to Bosworth Street. In the vicinity of the project site, it is a four-lane, two-way street (which narrows to one travel lane in each direction). On-street parking is not permitted in the vicinity of the project site, and sidewalks are approximately six feet wide. O'Shaughnessy Boulevard is designated as a Recreational Street in the *General Plan*, and is a Citywide Bicycle Route (Route #55, Class III).

C1(c) Hospital Access

Hospital access routes and entrance locations are shown in **Figure 2.0-2, Existing Site Plan**, in **Section 2.0, Project Description**. Access to the project site is from two entry ways on Laguna Honda Boulevard. The primary entry is at Dewey Boulevard, and a second entry is northeast of the Forest Hills MUNI Station. A third entry access from Woodside Drive, southeast of the main driveway, provides one-way access for incoming traffic.

C2. Existing Intersection Operating Conditions

The operating characteristics of signalized and stop-controlled intersections are described by the concept of Level of Service (LOS). LOS is a qualitative description of an intersection's performance based on the average delay per vehicle. Intersection level of service ranges from LOS A, which indicates free flow or excellent conditions with short delays, to LOS F, which indicates congested or overloaded conditions with extremely long delays. LOS A through D are considered excellent to satisfactory service levels, LOS E is undesirable, and LOS F conditions are unacceptable. **Tables 1 and 2, Levels of Service Definitions**, in

Appendix 3.2 provide a detailed description of LOS conditions for both unsignalized and signalized intersections.

Existing intersection operating conditions were evaluated at five intersections for the weekday PM peak hour (generally 5:00 to 6:00 PM) as shown in **Figure 3.2-1, Traffic and Parking Analysis Locations**. Two of the study intersections are signalized; three intersections, including the two hospital driveways, are stop-controlled intersections.

Table 3.2-1, **Intersection Level of Service, Existing Weekday PM Peak Hour Conditions**, presents the results of the intersection LOS analysis for existing weekday PM peak hour conditions. For each of the three unsignalized intersections, the delay and levels of service are presented for the intersection as an average and for the worst approach: westbound at Clarendon Avenue/Laguna Honda Boulevard; westbound at the Hospital Main Access Driveway (at Laguna Honda Boulevard); and eastbound at the Woodside Hospital Access Driveway (at Idora Avenue). As Table 3.2-1 indicates, four of the five study intersections operate at LOS B or better during the weekday PM peak hour. Each approach for the three unsignalized intersections currently operates at LOS C or better. The intersection of Woodside/O'Shaughnessy/Portola currently operates at LOS D.

Table 3.2-1
Intersection Level of Service, Existing Weekday PM Peak Hour Conditions

Intersection	Average		Worst Approach ¹	
	Delay ²	LOS ³	Delay ²	LOS ³
Clarendon Ave./ Laguna Honda Blvd. ⁴	4.6	A	18.7	C
Dewey / Laguna Honda / Woodside	12.8	B	-	-
Woodside / O'Shaughnessy / Portola	37.4	D	-	-
Hospital Main Access Driveway ⁴	0.9	A	12.6	C
Woodside Hospital Access Driveway ^{4,5}	0.1	A	6.3	B

Source: Laguna Honda Hospital Final Transportation Study, Wilbur Smith Associates, February 2001.

Notes:

- 1 At unsignalized intersections, the delay and level of service are also presented for the worst approach: westbound at Clarendon Avenue/Laguna Honda Boulevard; westbound at the Hospital Main Access Driveway; and eastbound at the Woodside Hospital Access Driveway (at Idora Avenue). At each of these intersections, the average intersection delay is lower than the delay for the stop-controlled approaches.
- 2 Delay presented in seconds per vehicle.
- 3 Volume-to-capacity ratio.
- 4 Unsignalized intersections. The levels of service as defined for signalized intersections are different from those defined for unsignalized intersections, as shown in Appendix 3.2, Table 1.
- 5 The Woodside Hospital Access Driveway is currently an unsignalized, one-way entry driveway. The Juvenile Probation Department and Department of Public Health plan to widen the Youth Guidance Center (YGC) access road to provide a joint use, two-way, access road, located immediately adjacent to the Laguna Honda hospital entry-only driveway. From Woodside Avenue, one entry lane and two exit lanes will be provided, thereby reducing the afternoon peak back-up at Laguna Honda Boulevard, particularly during shift changes. A new traffic signal will be installed at the Woodside Avenue intersection, and will be tied to the existing signal at Woodside Avenue and Hernandez Street, allowing left and right turns when exiting both facilities.

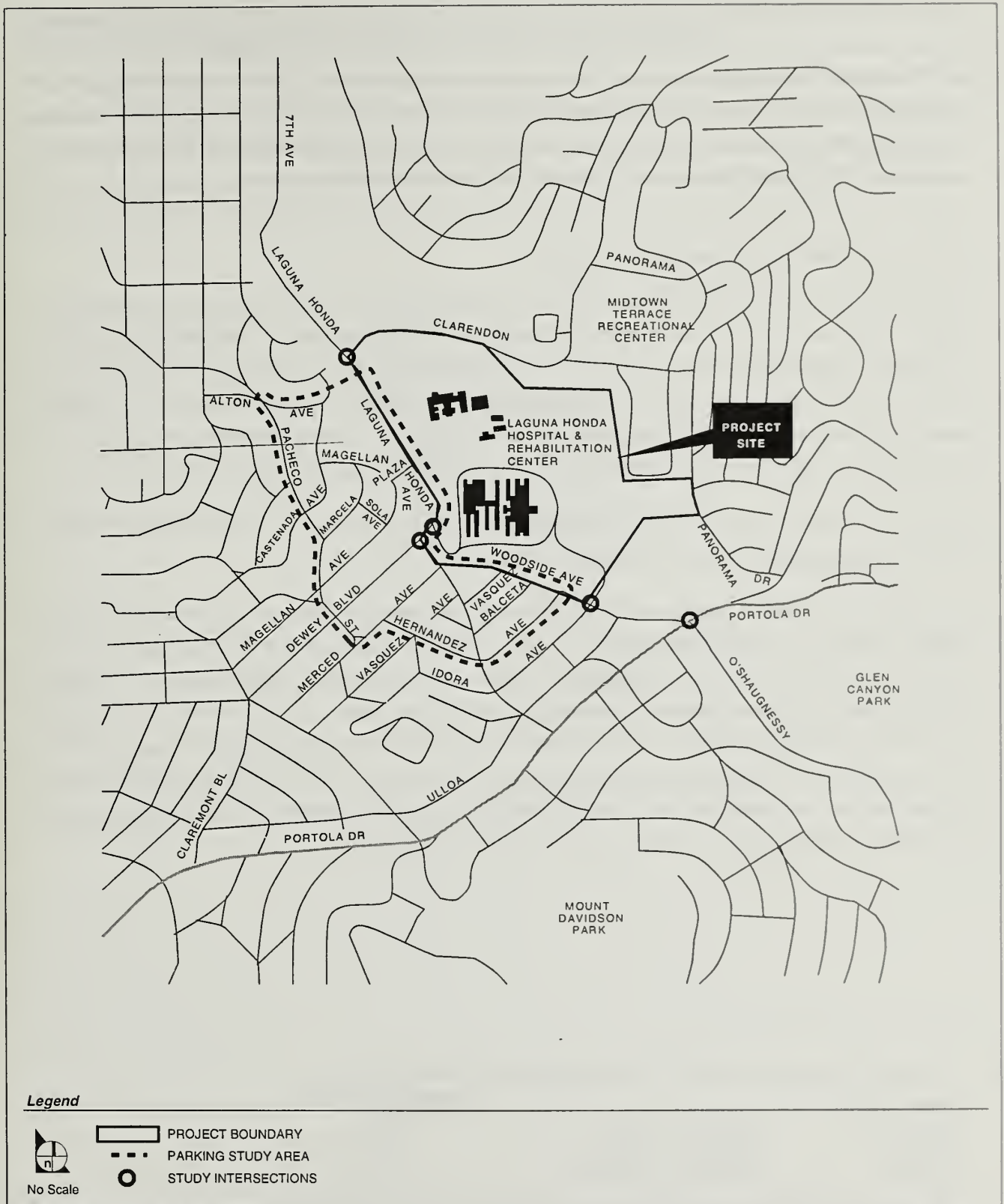


FIGURE 3.2-1

Traffic and Parking Analysis Locations

Atypical conditions exist at three of the five study intersections. The intersections of Clarendon Avenue/Laguna Honda Boulevard and Dewey Boulevard/Laguna Honda Boulevard/Woodside Avenue are T-intersections, with no west and north extensions (respectively). The Hospital Main Access Driveway also forms a T-intersection at Laguna Honda Boulevard, with traffic exiting the main driveway restricted to right-turns only. In addition, the secondary entry driveway on Woodside Boulevard forms a four-way intersection with Idora Avenue, with driveway traffic restricted to entering vehicles only.

C2(a) 4:00-5:00 PM Operating Conditions

During the 4:00 to 6:00 PM weekday peak period, the peak hour for which operating conditions were analyzed (5:00 to 6:00 PM) differs from the peak hour of traffic exiting the Hospital Main Access Driveway at Laguna Honda Boulevard (4:00 to 5:00 PM). During the peak period, the 5:00 to 6:00 PM peak hour is used to evaluate roadway operating conditions (including transit and pedestrian conditions) because it is the time period when the maximum use of much of the transportation system occurs. It is also the time when most of the transportation service system capacity and service is at a maximum.

However, the peak hour of activity for vehicles exiting the project site occurs from approximately 4:00 to 5:00 PM, due primarily to the 4:00 PM employee shift change.²

During both the existing weekday 4:00 to 5:00 PM peak hospital hour and the 5:00 to 6:00 peak hour, the Hospital Main Access Driveway operates at LOS A, with an average delay ranging from 0.9 to 2.9 seconds. In addition, this intersection currently operates at LOS C or better at each approach. During the 4:00 to 5:00 PM hour, the northbound approach operates at LOS C, with an average delay of 12.9 seconds per vehicle (reflecting the departure of employees during the 4:00 PM shift change). During the 5:00 to 6:00 PM peak hour, the northbound approach improves to operate at LOS B; however, the westbound approach worsens to operate at LOS C, with an average delay of 12.6 seconds per vehicle (accounting for the increased number of vehicles on the roadway during this peak hour).

² Employee shifts and the number of workers during each shift are as follows:

Shift and Time	Approximate Number of Workers
Day: 7:30 AM to 4:00 PM	1,382
Evening: 3:30 PM to 12:00 AM	193
Night: 11:45 PM to 7:45 AM	156

The number of vehicles exiting the hospital is greatest during the 4:00 PM shift change, which involves the departure of approximately 1,380 day shift workers and the arrival of about 195 evening shift workers. The 7:30 AM day shift has the highest number of hospital workers of all three work shifts. Any impact on the local street network would be greatest when the day shift workers depart at 4:00 PM. Also, the highest parking and transit use demand would occur at the arrival and departure times of the day shift. The departing evening shift employees and departing night shift employees involve approximately 195 and 155 employees, respectively.

C2(b) Traffic Operations Adjacent to Forest Hill MUNI Station

As noted earlier, the Hospital Main Access Driveway forms a T-intersection at Laguna Honda Boulevard, with traffic exiting the main driveway restricted to right-turns only (northbound). Due to the right-turn only restriction at this intersection, many vehicles with destinations south, west, or east of the project site utilize an existing signalized turn-around ("jug handle") located across from the Forest Hill San Francisco Municipal Railway (MUNI) Station. This signalized turn-around is also used by the #52 and #89 MUNI

buses, allowing northbound buses to turn across Laguna Honda Boulevard and access a bus stop directly in front of the Forest Hill MUNI Station. The #36, #43, and #44 northbound MUNI buses also merge into the turn-around queue to access a bus stop located just north of the signalized crossing (in protected roadway space to the right of through lanes on Laguna Honda Boulevard). These buses follow queued vehicles but travel past (north of) the signal turn-around to access the bus stop, then merge back into northbound traffic on Laguna Honda Boulevard.

Based on field observations, approximately three to five vehicles (including MUNI buses) are queued at this turn-around during each signal cycle. Under typical conditions, there is no residual queue after each signal change, and few conflicts occur between private vehicles and buses. However, these conditions worsen during the Laguna Honda hospital employee shift changes, when all traffic exiting the Main Hospital Access Driveway is restricted to right-turns only. During an approximately 15-minute period before and after each shift change, between 10 to 15 vehicles are typically queued to access the turn-around, resulting in residual queues at each signal change. MUNI buses attempting to access the turn-around/bus stop at this location also experience delays. These operating conditions are temporary and are directly related to the vehicles exiting the Main Hospital Access Driveway during an employee shift change.

C3. Transit Network

The project site is well served by public transit. Local service is provided by MUNI, which operates bus and light rail lines in the project vicinity. These MUNI lines also provide access to regional bus, rail, and ferry service linking San Francisco to other Bay Area counties.

C3(a) Local and Regional Service Providers

MUNI Service

MUNI operates bus (both diesel and electric trolley) and light rail (MUNI Metro) service in the project area. MUNI operates six bus lines and three light rail lines in the vicinity of the project site. MUNI routes in the project vicinity are shown on **Figure 3.2-2, Existing MUNI Transit Network in Project Vicinity**. MUNI's Forest Hill Station is located within 250 feet of the main entrance of the hospital on Laguna Honda Boulevard between Dewey Boulevard and Plaza Street. Six bus lines and three light rail lines serve the Forest Hill Station. One of these lines, the 89-Laguna Honda, serves the hospital directly on a loop route, which makes three stops within the hospital grounds. All routes are equipped with wheelchair lifts.

With two exceptions, all routes serving the Laguna Honda hospital operate from early morning (5:00 to 6:30 AM) to late evening (12:00 to 1:00 AM). The 89-Laguna Honda route runs from 10:00 AM to 2:30 PM, and the L-Owl provides service between 1:00 and 5:00 AM, when the L-Taraval light rail line is not in service.



SOURCE: Wilbur Smith Associates

PROJECT SITE

FIGURE 3.2-2

Existing MUNI Transit Network in Project Vicinity

LAGUNA HONDA HOSPITAL REPLACEMENT EIR

Regional Service

MUNI lines serving the project site also provide access to regional transit. The Bay Area Rapid Transit (BART) District serves the East Bay and Peninsula. The closest BART station to the project site served directly by MUNI is the Balboa Park Station, which can be accessed via the 43-Masonic or 36-Terisita MUNI bus lines. The Civic Center BART station can also be accessed from the project site via the K-Ingleside, L-Taraval, and M-Ocean View Metro lines. Other regional transit operators, including SamTrans (South Bay and Peninsula) and Alameda-Contra Costa Transit District (AC Transit) can be accessed at the Transbay Terminal via a connection from the K, L or M light rail lines to the N-Judah Metro line. Caltrain (South Bay) is accessible from the project site via a connection from the 43-Masonic bus line, or a connection from the K, L or M light rail lines to the N-Judah Metro line.

Ferry service is provided at the Ferry Building located on The Embarcadero near Market Street. The Ferry Building can be accessed from the K, L, or M lines at the MUNI Metro Embarcadero station, located two blocks away on Market Street. Operators providing ferry service include Golden Gate Transit (North Bay and San Francisco); the Blue & Gold Fleet (Alameda/Oakland, Vallejo, Sausalito, Tiburon, and Angel Island); and the Harbor Bay Ferry (Harbor Bay Island in Alameda).

C4. Parking Conditions

C4(a) Off-Street Parking

Parking Supply

All off-street parking is contained within the Laguna Honda hospital complex, either on designated lots or interior streets. Currently, there are 603 designated spaces at Laguna Honda hospital located in surface lots or striped on-street spaces within the hospital campus (refer to **Table 2-0.3, Existing and Proposed Parking Spaces**, in **Section 2.0, Project Description**).³ Of the 603 designated spaces, 466 spaces are available for general employee parking, and 137 spaces are restricted parking for various users. Of the restricted spaces, 59 are available to certain employees with parking permits, and the other 78 spaces are non-employee (for volunteers, contractors, visitors, disabled, and loading).

³ In addition to the 603 designated spaces, there are three informal, unstriped unpaved lots on the hospital grounds, one behind the laundry building and two behind Clarendon Hall. Although hospital staff confirmed that these lots are regularly used, they are not included in the total of designated spaces because of the difficulty of establishing their exact capacity. Observations made during the parking survey suggested that these lots, which held 34 vehicles on the day of the survey, might be able to accommodate an additional 10 to 15 vehicles.

Employee/Hospital – Related Parking Occupancy

Parking surveys were conducted to estimate parking supply and occupancy at Laguna Honda hospital for both employee and non-visitor, hospital-related parking.⁴ During the survey period, 97 per cent of all of the general employee parking spaces were occupied.

In addition to the 543 vehicles parked in designated spaces, there were also 47 vehicles parked in non-designated spaces, including 13 spaces occupied by loading vehicles and illegally parked vehicles, and 34 spaces located in unstriped gravel lots which are used for overflow parking by the hospital.

Overall, parking occupancy at the hospital in designated spaces is at 90 percent. This is generally considered effective capacity because parking lots operate inefficiently when near 100 percent capacity. In addition, if the 47 vehicles that were noted as parked in non-designated spaces were parked in designated spaces, occupancy would increase to 98 percent. Therefore, existing parking at Laguna Honda is considered at capacity.

Visitor Parking Occupancy

Twenty-six spaces are designated for two-hour visitor parking, Monday through Friday from 8:00 AM to 5:00 PM. Based on a parking turnover rate of 1.6, the average occupancy for visitor spaces at the main entrance was 85 percent. Average occupancy for the rear entrance lot, which was surveyed twice over a one-hour period, was 60 percent.⁵

C4(b) On-Street Parking

As shown in Figure 3.2-1, existing on-street parking conditions were examined within a study area roughly bounded by Alton Avenue to the north, Pacheco Street to the west, Hernandez Avenue to the south, and Woodside Avenue to the east. On-street parking is generally allowed in the study area, although most residential streets near the hospital have residential permit restrictions that limit parking for non-residents to two hours. With a few exceptions, unrestricted parking is allowed on two of the main arterials, Laguna Honda Boulevard and Woodside Avenue, as well as on Pacheco Street from Castenada Avenue to Alton Avenue. None of the on-street parking within the study area is metered or marked.

⁴ Existing off-street parking supply and occupancy at Laguna Honda hospital are based on surveys conducted on Wednesday, May 3, 2000 for the weekday period between 10:00 and 12:00 PM on Wednesday, May 3, 2000. Weather conditions were warm and sunny.

⁵ To account for peak parking demand associated with the hospital day shift, Pittman & Hames Associates conducted the parking turnover survey between 1:00 AM and 3:00 PM on Wednesday, May 3, 2000. To estimate parking turnover, license plate surveys were conducted at 10:00 AM, 11:00 AM, and 12:00 PM for the 16 spaces at the main entrance. At the main entrance, 25 vehicles used the 16 spaces during the two-hour period, for a parking turnover rate of 1.6.

The areas of highest on-street parking occupancy were on the north sides of Woodside Avenue (90 percent) and Plaza Avenue (85 percent), and the south side of Pacheco Street (80 percent) between Castenada Avenue and Alton Avenue. None of the remaining residential streets had parking occupancies higher than 45 percent; the overall average occupancy within the on-street study area was 25 to 30 percent.

There appears to be spillover parking from Laguna Honda hospital on several adjacent streets. It is likely that many of the vehicles parked along Woodside Avenue belong to hospital employees, although some of these vehicles could be associated with the Youth Guidance Center adjacent to Laguna Honda hospital along Woodside Avenue. Field observations indicate that within a half-hour after the 4:00 PM shift change, on-street parking occupancy dropped from 90 percent to 45 percent. Hospital staff also confirmed that approximately 45 vehicles parked along Woodside Drive probably belong to hospital employees.

C5. Pedestrian Conditions

Pedestrians entering and exiting the Forest Hill MUNI Station must cross Laguna Honda Boulevard to access the hospital site. Because the station is located mid-block between Plaza Street and Dewey Boulevard, there is a signalized crosswalk provided.

The most direct pedestrian route from the Forest Hill MUNI Station to the hospital is a pedestrian-only path that follows a steep slope with approximately 90 steps. There are handrails provided along the entire length of this path, but there is no provision for wheelchair access. Wheelchair users must follow Laguna Honda Boulevard past the pedestrian path to the main hospital entrance, cross the entrance driveway, and use the sidewalk on the opposite (west) side. Curbcuts are provided along the entire route. In the late afternoon, there are substantially more pedestrians leaving the hospital than arriving, primarily due to the 4:00 PM shift change at the hospital.⁶

C6. Bicycle Conditions

Bicycle conditions in the vicinity of the proposed project were qualitatively assessed during field observations. In general, during both the weekday midday and PM peak periods, bicycle conditions were observed to be acceptable, with only minor conflicts between bicyclists, pedestrians, and vehicles. Bicycle activity is relatively light on the surrounding streets, many of which are hilly residential streets. During field surveys in the PM peak period (4:00 to 6:00 PM), there were no bicyclists observed entering or exiting the site at the main entrance or Woodside Avenue driveways. Currently, there are no formally designated bicycle parking facilities provided on site.

⁶ A Tuesday afternoon pedestrian count from 4:00 to 6:00 PM found 85 pedestrians exiting via the pedestrian path and 22 arriving. A Wednesday afternoon count from 3:30 to 4:30 PM found 46 pedestrians exiting and 14 arriving.

Near the study area, on-street bicycle lanes (Class II facilities) are currently provided on Laguna Honda Boulevard (north of Clarendon Avenue), O'Shaughnessy Boulevard, and Dewey Boulevard (west of Laguna Honda Boulevard, connecting to a bicycle lane on Taraval Street). Class III bicycle routes (signs but no bicycle lane) currently exist along Laguna Honda Boulevard (south of Clarendon Avenue), Woodside Avenue and Portola Drive.

C7. Loading Conditions

Loading conditions in the vicinity of the proposed project were qualitatively assessed based on conversations with Laguna Honda hospital staff⁷ and field observations. The hospital currently uses a central receiving dock to accommodate the majority of deliveries to the site, located behind the main entrance (second floor) with space for two trucks. Larger trucks (semi-trailers) are unloaded in the hospital courtyard, and goods are then moved to the receiving dock. Additional delivery spaces are located along the adjoining hospital wings.⁸

Hospital staff estimated that approximately 20 trucks make deliveries to the site on an average day, including 5 to 6 semi-trailers. Loading activity occurs throughout the day (6:30 AM to 5:00 PM), although the peak loading period occurs from approximately 6:30 to 10:00 AM. The peak loading hour occurs from approximately 6:30 to 7:30 AM, when up to seven trucks could arrive at the site (to be handled on a "first-come, first-served" basis). However, there are generally few traffic and loading conflicts during peak loading hours, in large part due to the fact that any excess loading demand that occurs can be queued on-site, with little internal traffic disruption and no disruption to existing off-site traffic networks.

C8. Planned Improvements to Transportation Facilities

The Juvenile Probation Department and Department of Public Health plan to widen the Youth Guidance Center (YGC) access road to provide a joint use, two-way access road with Laguna Honda hospital. This is a separate project that is unrelated to the Laguna Honda Hospital Replacement project. Under existing conditions, a fence separates an entry-only Woodside driveway to the Laguna Honda hospital campus from the YGC Woodside driveway, which is exit-only. The planned joint-use, two-way access road will be located immediately adjacent to the existing Laguna Honda hospital entry-only driveway. From Woodside Avenue, one entry lane and two exit lanes will be provided, thereby reducing the afternoon peak back-up at Laguna Honda Boulevard, particularly during shift changes. A new traffic signal will be installed at the Woodside Avenue intersection,

⁷ Telephone conversation with Detlef Luebben, Laguna Honda hospital Senior Storekeeper, July 24, 2000.

⁸ Approximately 22 loading spaces (total) are located throughout the hospital site.

allowing left and right turns when exiting both facilities. The signal will be timed with the existing signal at Woodside Avenue and Hernandez Street, so that traffic flows on Woodside Avenue are not impeded by additional stops. The signal intersection of Idora Street with the Laguna Honda/YGC driveway will be deliberately offset. Left and right turns could be made from each facility, but a new concrete median will be installed to prohibit direct traffic across the intersection.

When these improvements are completed, the Woodside Avenue entrance will provide a major ingress and egress roadway for the hospital. These improvements are expected to be completed by Fall 2002, and are unrelated to the projects planned for Laguna Honda hospital and the Juvenile Hall facility on the YGC campus. (Refer to Section 3.1, Land Use and Planning, Subsection E., Planned and Approved Land Uses for a description of the YGC Juvenile Hall Reconstruction Project.)⁹ Upon completion of the Woodside entry improvements, exiting workers from both the YGC and Laguna Honda hospital facilities would then be able to make left-turn and right-turn movements. The Woodside Avenue improvements and signalization would also help alleviate on-site congestion and delays on Laguna Honda Boulevard during the shift change time periods, particularly the peak afternoon shift change.

D. PROJECT IMPACTS

D1. Significance Thresholds

D1(a) Local Intersections

In San Francisco, a project typically is considered to have a significant effect on the environment if it would cause intersection operations to deteriorate to an unacceptable level; interfere with existing transportation systems causing substantial alteration to circulation patterns or causing major traffic hazards; contribute substantially ("considerably") to cumulative traffic increases at intersections that would result in deterioration of traffic conditions to unacceptable levels; or contribute substantially to cumulative traffic increases at intersections already operating at unacceptable levels.

As defined by the City and County of San Francisco, the operational impact at intersections is considered significant when project-related traffic causes the intersection level of service for a signalized intersection to deteriorate from LOS D or better to LOS E or F, or from LOS E to LOS F. The City and County of San Francisco has no significance criteria for unsignalized intersections. For the purposes of this EIR, the operational impact at an unsignalized intersection is considered significant if two or more approaches operate at LOS E or F.

⁹ Improving Woodside Avenue access has been a Laguna Honda hospital objective long before the replacement project was formulated. Surveys show that at least 30 percent of existing staff leaving the existing main parking lot want to go east on Woodside Avenue. If they could use a two-way signalized driveway to Woodside Avenue it would reduce afternoon congestion at the only existing exit to Laguna Honda Boulevard. Since the YGC was planning to widen their driveway as part of the Juvenile Hall Reconstruction Project, Laguna Honda hospital decided to make it a joint project with the YGC.

D1(b) Transit

In San Francisco, a project typically is considered to have a significant effect on the environment if it would cause a substantial project-specific or cumulative increase in transit demand that cannot be accommodated by existing or proposed transit capacity, resulting in unacceptable levels of transit service; or cause a substantial increase in operating costs such that significant adverse impacts in transit service levels could result. The project also would have a significant effect on the environment, if, when considering cumulative development in the area, it would contribute substantially to the deterioration of transit service or cause substantial conflict with transit operations.

D1(c) Parking

Policies in the *San Francisco General Plan* emphasize the importance of public transit use and discourage the provision of facilities that encourage automobile use. Creation of parking demand that cannot be met by existing or proposed parking facilities would not itself be considered a significant environmental effect. Data on unmet parking demand are presented for information purposes and may inform decisions regarding project approval. Secondary impacts may result from unmet parking demand, such as substantial changes in neighborhood character or creation of hazardous conditions caused by illegally parked cars, or traffic changes due to cars circling around looking for a parking space. Any such secondary impacts have been analyzed as part of the overall EIR analysis.

D1(d) Pedestrian and Bicyclists

For this analysis, a project would be considered to have a significant effect on the environment if it were to result in substantial overcrowding on public sidewalks or crosswalks creating an unacceptable pedestrian LOS; create hazardous conditions for pedestrian or bicyclists; or otherwise substantially interfere with pedestrian or bicycle accessibility.

D1(e) Loading

The City and County of San Francisco has not formally adopted significance criteria for potential impacts related to loading activities. For this analysis, a project would be considered to have a significant effect on the environment if it were to create particularly hazardous conditions for passenger loading, not accommodate its anticipated freight and service vehicle loading demand, or otherwise substantially interfere with vehicular, transit, pedestrian, or bicycle accessibility to the site and to adjoining areas.

D1(f) Construction

The proposed project would be considered to have significant transportation impacts during the construction period if it were to create substantial traffic hazards; create traffic congestion that would substantially contribute to a significant deterioration in air quality; or substantially interfere with transit, pedestrian, or bicycle access to the site and to adjoining uses.

D2. Impacts of the Proposed Project¹⁰***D2(a) Project Travel Demand Analysis***

A three-step approach was used to determine the net new travel demand generated by the proposed project during the weekday PM peak hour to differentiate between trips generated by the Main Hospital

¹⁰ The assisted living facility would be constructed sometime after 2010, when the main hospital project would be completed. For EIR purposes, the assisted living facility has been included with the transportation impact analysis for the entire Laguna Honda Hospital Replacement Project. The assisted living facility is included with the discussion of project travel demand, and project traffic, transit, parking, loading, pedestrian, bicycle, and construction impacts.

(Greenhouse Building, Link Building, Clarendon Hill East Building, and Clarendon Hill West Building), assisted living facility, and outpatient program expansion services.

Trip Generation

Appendix 3.2 of this EIR provides a description of the methodology used to determine trip generation for the Main Hospital.

The proposed Main Hospital would generate approximately 229 vehicle and transit trips (inbound and outbound) during the weekday PM peak, 26 of which would be new to the area. Based on trips recorded at the existing site, approximately 75 percent of the weekday PM peak hour trips would be outbound from the site, and about 25 percent of the trips would be inbound to the site.

Based on the analysis used for a similar facility, as provided by the Planning Department,¹¹ daily person-trips related to the proposed assisted living facility would consist of travel by employees, visitors, and residents at the proposed facility. PM peak hour person-trips would consist of travel only by employees and visitors. The assisted living facility would generate approximately 562 person-trips (inbound and outbound) and 135 vehicle trips on a daily basis, and approximately 69 person-trips and 36 vehicle trips during the weekday PM peak hour. Overall, approximately half of these PM peak hour trips would be inbound, and half would be outbound.

Trips generated by the proposed expansion of outpatient programs at the project site would consist of both visitor and employee trips. As discussed in **Section 2.0, Project Description**, existing programs and services provided by the hospital would be expanded by approximately 25 percent.

During the PM peak hour, employee trips generated by outpatient program expansion were assumed to be equal to the number of new employees (12 trips). An additional two trips were assigned to account for the increased number of program participants being brought to and from the site in shuttle vans, for a total of 14 trips. All trips were assumed to be outbound.

Mode Split and Average Vehicle Occupancy

During the weekday PM peak hour, approximately 79 percent of all person-trips would be by auto and 21 percent by transit. The proposed project would generate about 65 additional vehicle-trips during the weekday PM peak hour. To determine the number of vehicle-trips generated by the number of auto person-trips, the average vehicle occupancy (AVO) was used, based on the *Interim Transportation Impact Analysis Guidelines for Environmental Review* (January 2000) (*Transportation Guidelines*).

¹¹ Methodology based on the trip generation analysis for the 1701 19th Avenue Transportation Study, September 25, 1998.

Trip Distribution

The distribution of work and non-work (visitor) trips generated by the proposed project was obtained from the *Transportation Guidelines*. Trips generated by the proposed project would be fairly evenly distributed for areas to the east (34.6 percent work / 32.5 percent visitor) and west (29.8 percent work / 31.0 percent visitor). The fewest trips would be to areas south of the project site (17.0 percent work / 8.0 percent visitor). Trip distribution was used as the basis for assigning project-related trips to the local streets in the study area and the local and regional transit operators.

Parking Demand

Parking demand consists of both long-term demand (typically employee parking) and short-term demand (typically visitors and patrons). The proposed project would generate a total net new parking demand of 76 spaces, 50 of which would be long-term demand and 26 of which would be short-term demand. Total parking demand is over-estimated because demand from the laundry facility that would be moved off-site has been included in the total demand for the hospital use. The hospital would generate net new demand for approximately 33 long-term parking spaces and 4 short-term parking spaces.¹² The assisted living facility is estimated to generate a demand for 17 long-term parking spaces and 13 short-term parking spaces; outpatient program expansion services would generate a demand for 9 short-term parking spaces.

Loading Demand

Freight delivery and service vehicle demand was estimated based on the methodology and truck generation rates presented in the *Transportation Guidelines*. The proposed project would generate approximately 76.6 delivery/service trips per day. This corresponds to a demand for 4.4 loading spaces during an average hour and 10.6 spaces during the peak loading hour. It is anticipated that many of the delivery/service vehicles that would be generated by the proposed project would consist of small trucks and vans.

D2(b) Existing Plus Project Conditions

Traffic Impacts

Table 3.2-2, **Intersection Level of Service, Existing and Existing plus Project Conditions**, presents the Existing Plus Project intersection operating conditions for the weekday PM peak hour. This analysis assumes that the signalization, widening, and two-way reconfiguration of the Woodside Avenue Access Driveway has been completed. The delay and levels of service at each unsignalized intersection are

¹² Estimated hospital parking demand is based on existing traffic counts, as well as estimates of parking based on the number of net new outbound trips. These are considered conservative estimates because it is possible that not all outbound vehicle trips require parking spaces. Some percentage of employee outbound vehicle trips may be passenger pick-ups (i.e., employees leaving the hospital who are picked up by friends or relatives).

presented for the intersection as an average and for the worst approach. As a two-way, signalized intersection, the Woodside Access Driveway intersection would operate at LOS A with 4.8 seconds of delay. The average delay per vehicle at the Dewey/Laguna Honda/Woodside and the Main Hospital Access Driveway intersections would slightly improve as a result of vehicles able to use the planned two-way Woodside Avenue Hospital Access Driveway.

Table 3.2-2
Intersection Level of Service, Existing and Existing plus Project Conditions

Intersection	Existing		Existing Plus Project	
	Average Delay ₂	LOS	Average Delay ₂	LOS
Clarendon Ave./ Laguna Honda Blvd. ³	4.6	A	18.7	C
Dewey / Laguna Honda / Woodside	12.8	B	-	-
Woodside / O'Shaughnessy / Portola ⁴	37.4	D	-	-
Hospital Main Access Driveway ³	0.9	A	12.6	C
Shared, Signalized Woodside Access Driveway ^{5,6}	-	-	-	-

Source: Wilbur Smith Associates, January 2001

Notes:

- 1 At unsignalized intersections, the delay and level of service are also presented for the worst approach: westbound at Clarendon Avenue/Laguna Honda Boulevard; westbound at the Hospital Main Access Driveway; and eastbound at the Woodside Hospital Access Driveway (existing conditions only). At each of these intersections, the average intersection delay is lower than the delay for the stop-controlled approaches.
- 2 Delay presented in seconds per vehicle.
- 3 Unsignalized intersections. The levels of service as defined for signalized intersections are different from those defined for unsignalized intersections, as shown in Appendix 3.2, Table 1.
- 4 A 0.90 and 0.92 volume-to-capacity (V/C) ratio under Existing and Existing Plus Project conditions (respectively).
- 5 Existing conditions do not reflect proposed signal. With the addition of a signal (and two-way access), existing conditions would operate at LOS A, with 4.4 seconds of delay.
- 6 Combined, signalized driveway for the Laguna Honda hospital and SF Youth Guidance Center (YGC).

The addition of project-generated traffic would result in minimal changes in average delay per vehicle at the study intersections, and all study intersections would continue to operate at the same service levels as under existing conditions. Therefore, the project would not have a significant effect on intersection operations.

Transit Impacts

The proposed project would generate approximately 24 net new PM peak hour transit trips (11 inbound and 13 outbound). Nine trips are projected for north/south routes, and 15 trips for east/west routes. Based on the seven bus and light rail routes serving the immediate station area during the PM peak hour,

and headways ranging from 6 to 20 minutes, there are 76 transit vehicles serving the Forest Hill Station during the PM peak hour. An additional 24 transit trips would result in fewer than four net new transit trips per route (or less than one net new trip per three transit vehicles), which would not substantially increase the number of passengers to affect existing MUNI peak hour capacity utilization. The proposed project would not cause a substantial increase in transit demand that cannot be accommodated by existing or proposed transit capacity and would not cause a significant environmental effect on existing transit service. The project sponsor has met with MUNI to review the proposed site plan and develop future re-routing of the Line 89 within the hospital campus after project completion.

Parking Impacts

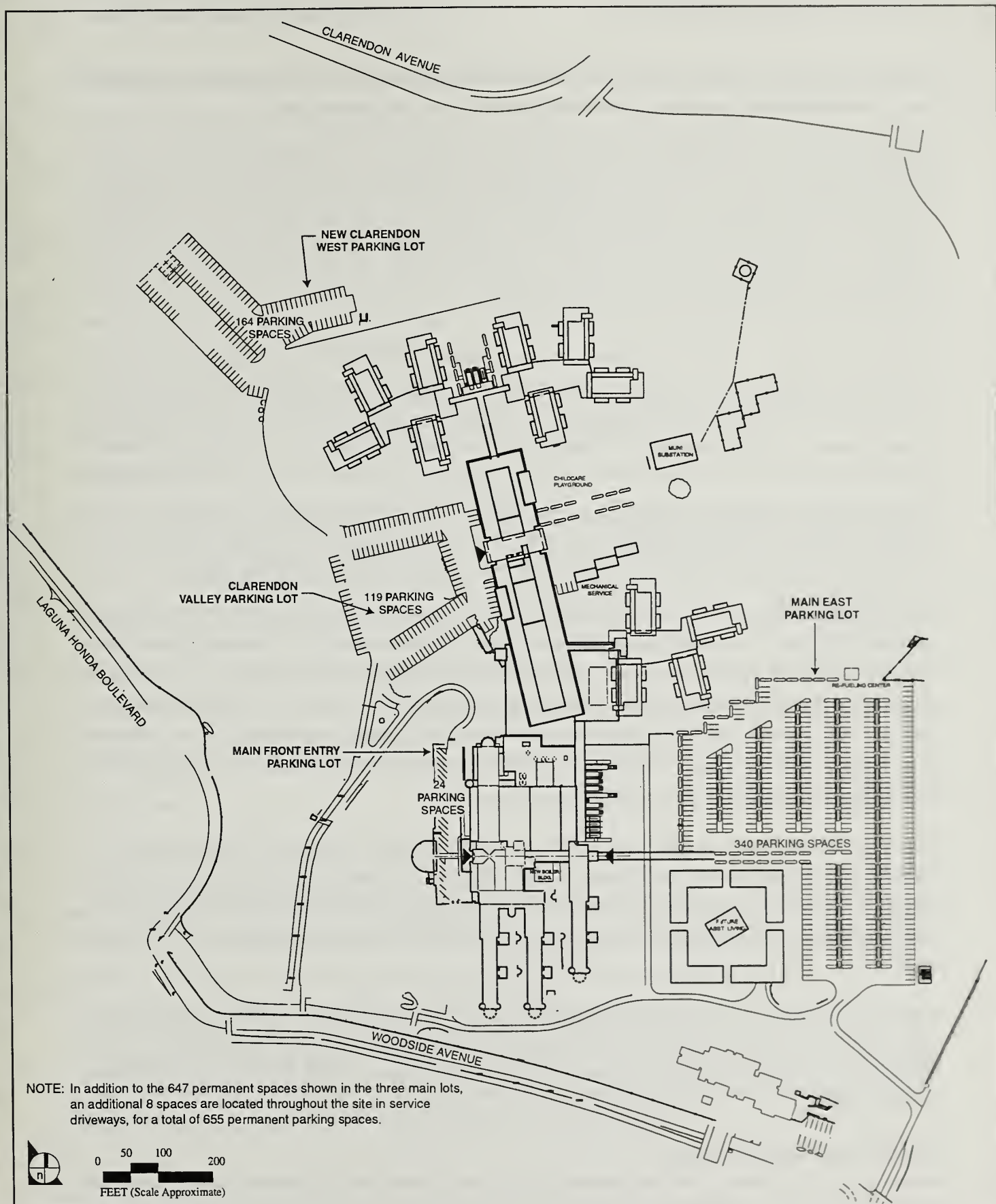
The proposed project would supply a total of 655 parking spaces, a net increase of 52 spaces over the existing 603 designated spaces. As shown in **Figure 3.2-3, Proposed Parking Plan (Revised)**, these 655 parking spaces would be provided mainly in three locations: 340 spaces in the Main East Parking Lot; 119 spaces in the Clarendon Valley Parking Lot; and 164 spaces in the New Clarendon West Parking Lot. The remaining 32 spaces would be provided in the Main Front Entry parking lot (24 spaces) and service driveways (8 spaces). All on-street parking within the hospital site would be removed.

The proposed project would generate a total net new parking demand of 76 spaces, 50 of which would be long-term demand and 26 of which would be short-term demand. The proposed parking supply of 655 spaces would result in an unmet demand of approximately 58 spaces.¹³

The unmet demand of 58 spaces is over-estimated because it includes demand from the off-site laundry facility, and does not account for the existing parking spaces that would no longer be used by the relocated laundry workers. After Phase One, the hospital's 47 laundry facility workers would be relocated off-site, which would free up an additional 30 employee parking spaces. The unmet demand could be partially accommodated on-site in spaces no longer used by laundry workers, and in visitor lots which are currently under-utilized. Otherwise, the project would increase overflow on-street parking, which already occurs on major arterials in the immediate project vicinity.

Increased on-street parking on arterials may result in some increase in pedestrian safety hazards, since traffic travels at a higher speed along these arterials than on residential streets. Also, some pedestrians may be tempted to cross mid-block because blocks are long. However, there are sidewalks along both arterials, and signalized pedestrian crossings are provided at the intersection of Laguna Honda Boulevard and Woodside Avenue and mid-block at the MUNI Forest Hill Station. Residential streets in the vicinity are protected against commuter parking by residential permit programs. The proposed project would not

¹³ The unmet demand is calculated by adding four numbers: existing designated spaces (603), vehicles parked in informal, unstriped, unpaved lots (34), net new long-term demand (50), and net new short-term demand (26), for a total of 713. Parking spaces that would be supplied by the proposed project (655 spaces) were then subtracted from this total. Existing designated spaces were used to indicate demand, because existing lots are at 90 percent occupancy, which is near operational capacity. The unmet demand of approximately 58 spaces is thus a conservative estimate, because it assumes that all available designated spaces are filled.



SOURCE: Anshen + Allen Architects

FIGURE 3.2-3

Proposed Parking Plan (Revised)

result in secondary parking impacts, as the unmet demand of 58 spaces would not cause a substantial change in neighborhood character or create hazardous traffic or parking conditions.

In addition, field surveys indicated that non-employee parking is not fully utilized. Therefore, unmet parking demand could be partly met by increasing the percentage of employee parking and decreasing the percentage of non-employee parking. Currently, 13 percent of all parking spaces are reserved for non-employees, and these spaces are only 55 percent occupied. The proposed project could reduce the percentage of non-employee spaces to 10 percent or lower, thereby providing additional spaces to meet employee parking demand and reduce overflow parking.

Parking deficits are social effects that do not necessarily constitute impacts on the physical environment as defined by CEQA. Under California Public Resources Code Section 21060.5, "environment" means "the physical conditions which exist within the area which will be affected by a proposed project, including land, air, water, minerals, flora, fauna, noise, and objects of historic or aesthetic significance." Parking deficits may be associated with secondary physical environmental impacts that may include increased traffic congestion at intersections, air quality, or noise effects caused by congestion. In the absence of related secondary physical environmental impacts, CEQA does not require environmental documents to propose mitigation measures solely because a project would have parking shortfalls.

Cars circling and looking for a parking space could have temporary physical impacts, but any secondary environmental impacts associated with a shortfall in parking in the vicinity of the proposed project would likely be minor and difficult to predict. Moreover, in the experience of San Francisco transportation planners, the absence of a ready supply of parking spaces combined with readily available alternatives to auto travel (e.g., frequent transit service, taxis, bicycles or travel by foot) and relatively dense patterns of urban development may induce drivers to seek and find alternative parking facilities, as described above, shift to other modes of travel, or change their overall travel habits.

Thus, a parking shortage may not be a permanent condition for San Francisco conditions and may not constitute an environmental impact even though this may represent an inconvenience to drivers. Therefore, the creation of or increase in parking demand resulting from a proposed project that cannot be met by existing or proposed parking facilities would not itself be considered a significant environmental effect.

Given the relatively small unmet parking demand (i.e., up to 58 spaces) and the relatively brief period of time when such a deficit would occur, the increased parking demand would not substantially alter the character of the areawide parking situation. Therefore, the project would have less-than-significant parking impacts.

Planning Code Parking Requirements

Based on the City *Planning Code*, the proposed project would be required to provide a minimum of 294 off-street parking spaces. The project would provide 655 spaces, which would exceed the *Planning Code*

requirement by 361 spaces. This number of spaces would also exceed the maximum allowable permitted accessory parking under Section 204.5 (c) of the *Planning Code*.¹⁴ Therefore, the project sponsor would request a Conditional Use permit "for parking for a specific use or uses, where the amount of parking provided exceeds the amount classified as accessory parking in Section 204.5..." In reviewing the application for a Conditional Use permit, the City Planning Commission would consider the criteria set forth in Section 157 of the *Planning Code*, including "(a) Demonstration that trips to the use or uses to be served, and the apparent demand for additional parking, cannot be satisfied by the amount of parking classified by this Code as accessory, by transit service which exists or is likely to be provided in the foreseeable future, by carpool arrangements, by more efficient use of existing on-street and off-street parking available in the area, and by other means;..."

The proposed project would also be required to provide 26 handicapped spaces, 51 bicycle parking spaces, eight showers and 16 clothes lockers, which the proposed project would supply.

Pedestrian Impacts

The proposed project is anticipated to result in a minimal increase of pedestrian traffic in the vicinity of the project site, the majority of which would be trips between the site and the Forest Hill MUNI Station. Overall, the additional project-related pedestrian trips are not anticipated to substantially affect the current sidewalk conditions along Laguna Honda Boulevard, at the Forest Hill pedestrian crossing, or along Woodside Avenue. In addition, the two existing pedestrian entrances to the project site (the pedestrian-only stairway on Laguna Honda Boulevard and the sidewalk at the main entrance) would be maintained with construction of the proposed project. As these facilities currently have relatively low volumes, on-site pedestrian conditions would continue to remain acceptable. The proposed project would not result in a significant environmental effect related to pedestrians.

Bicycle Impacts

The proposed project is anticipated to result in a minimal increase of bicycle traffic. As noted earlier, bicycle activity is relatively light on the surrounding streets (many of which are hilly residential streets), and no bicyclists were observed entering or exiting the project site during field surveys. With the current traffic levels on the adjacent streets, bicycle travel generally occurs without major impediments or safety problems. Although the proposed project would result in an increased number of vehicles in the vicinity of the project site, this increase would not be substantial enough to affect the limited amount of bicycle travel in the area. The project would not create hazardous conditions or interfere with bicycle accessibility and, therefore, would not result in significant environmental effects on bicycle conditions. The proposed bicycle parking may result in increased use of bicycle travel or parking on-site; however, this is not expected to result in problems of accessibility or create hazards.

¹⁴ Under Section 204. (c), 150 percent of the required number of spaces provided by the project could be allowed as an accessory use (i.e., a total of 441 spaces (294 spaces x 150 percent)).

Loading Impacts

Loading impacts were assessed by comparing the proposed loading space supply to the San Francisco Planning Code requirements and estimated loading demand during an average hour. Based on the *Transportation Guidelines*, project loading impacts are determined by comparing the proposed loading space supply to the estimated demand during the peak loading hour.

The proposed project includes the construction of a new loading dock at the new Main Hospital Building; and improvement to the existing loading dock, at the northeast corner of Wing H of the remaining portion of the existing hospital. Each loading area would accommodate a minimum of two trucks, including larger trucks (semi-trailers). The proposed project would be required to provide four off-street freight loading spaces at the proposed new hospital and associated administration building. The *Planning Code* does not require the provision of any off-street loading spaces at the assisted living facility. The proposed off-street loading supply would exceed the *Planning Code* requirement by supplying nine spaces at the new Main Hospital Building, and an additional two spaces at the proposed assisted living facility. All loading spaces would meet the minimum dimensions as presented in the *Planning Code*.

Based on the loading demand analysis presented in the *Transportation Guidelines*, the proposed project would generate a loading demand for 3.6 spaces during an average loading hour and 4.4 spaces during the peak loading hour. As such, the proposed off-street loading supply would accommodate the calculated demand.

Alternatively, based on existing loading conditions described in this section in **Subsection C7., Loading Conditions**, it could be anticipated that the proposed project would generate a loading demand for 20 trucks per day, and up to 7 trucks during the peak loading hour (approximately 6:30 to 7:30 AM). Hospital staff and the project sponsor do not anticipate an increase in loading activity with construction of the proposed project.¹⁵ As such, the proposed off-street loading supply should accommodate future demand, as this demand is currently met on site. It should be noted that any excess loading demand that may occur would be able to be accommodated on site, with no disruption to existing off-site traffic networks. Disruption of internal traffic circulation would not be a significant effect of the project. Therefore, the project would not have significant loading impacts.

Construction Impacts

Construction would be phased to ensure that existing hospital facilities would remain in operation and that there would be no interruption in the existing services throughout the construction period. Construction of the proposed project is expected to take approximately eight years, but would involve varying and intermittent levels of activity during the different phases of construction. It is anticipated

¹⁵ Telephone conversation with Detlef Luebben, Laguna Honda hospital Senior Storekeeper, July 24, 2000; and correspondence with Marilyn Thompson, San Francisco Department of Public Works (DPW), July 25, 2000.

that construction activities would start by Fall 2002 and be completed by Fall 2010. Although the assisted living facility would be constructed sometime after 2010, this facility has been included with the discussion of construction traffic impacts for the overall project. Refer to Section 2.0, Project Description, Section E4., Proposed Construction Phasing Plan, for a detailed description of the construction phasing and schedule.

Construction-related activities would typically occur Monday through Friday from 7:00 AM to 5:00 PM. Construction staging and storage of equipment and materials would occur on the project site. Preliminary construction plans indicate that no traffic lanes or sidewalks on either Woodside Avenue or Laguna Honda Boulevard would need to be closed during the construction duration. However, if it is determined that temporary traffic lane closures would be needed, the closures would be coordinated with the City in order to minimize the impacts on local traffic.

The proposed project could affect MUNI's 89-Laguna Honda route during project construction and operation. The 89 line, which operates within the hospital grounds, could require interim re-routing within the hospital campus during project construction. The project sponsor has met with MUNI staff to discuss and develop plans for the temporary re-routing of the Line 89 during project construction. It is not anticipated that any off-site MUNI bus lines or stop(s) would need to be relocated during construction of the proposed project. However, if it is determined that additional temporary off-site MUNI bus lines or stop relocations would be needed, they would be coordinated with MUNI's Street Operations/Special Events office. During the construction period, there would be a flow of construction-related trucks into and out of the site. The impact of construction truck traffic would be a temporary lessening of the capacities of streets due to the slower movement and larger turning radii of trucks. This would affect both traffic and MUNI operations. Based on preliminary construction plans, truck traffic would range from a typical average of seven trucks per day to a maximum peak of 15 trucks per day. These trips account for heavy-duty construction delivery vehicles. These would be 40-foot-long trailer trucks that would deliver primarily structural steel, reinforcement steel (rebar), dry wall, and construction equipment. Light-duty construction delivery trucks (i.e., pick-up trucks) for supervisors, construction management, staff, and architects are included in the estimate of construction worker trips and are not part of the estimate of heavy-duty construction delivery vehicles.

Peak truck traffic would occur toward the end of Phase Two when the construction of the Greenhouse Building, Link Building, and Clarendon Hill East Building would occur simultaneously.¹⁶ The most intensive construction activities during this peak construction period would last up to six months. Current construction plans call for the reuse of demolition materials on site, which would decrease the number of truck trips to the site. This decrease has not yet been accounted for in this estimate; therefore, this analysis overestimates the number of construction-related truck trips during Phase Three, and presents a "worst-case," conservative assessment of construction truck traffic.

¹⁶ Craig Bjorkman, Turner Construction Company, letter communication, November 12, 2001.

The majority of construction-related truck deliveries and haul routes are anticipated to be from south or east of the project site, traveling on I-280. For access to and from the site from I-280, trucks would be routed via Junipero Serra Boulevard, to Portola Drive to Woodside Avenue. The improvements and signalization of Woodside Avenue will be completed by Fall 2002, thereby providing two-way access to the hospital site at this location that would improve truck access and circulation during construction. The majority of construction-related vehicles are expected to access the site from the Main Hospital entrance and all would exit the site turning right from the Main Hospital entrance towards 7th Avenue.

Phase Two would be the most labor-intensive phase of construction and would require an estimated maximum of 280 workers for a five-month period.

Trip distribution and mode split data are not available for the construction workers. In terms of traffic conditions, the "worst-case" scenario would be if all workers drove to the project site. However, the project site is located adjacent to the Forest Hill Station, served by six bus lines and three light rail lines, with shuttle service from the station to the project site. Assuming that 10 percent of the construction workers car-pooled and 10 percent used transit, approximately 80 to 130 construction worker vehicles would travel to the project site. This traffic would somewhat affect the operating conditions at the nearby intersections. The addition of vehicles during the peak construction period (a maximum of approximately 220 vehicles) would have a greater impact on those intersections, although these impacts would not be considered significant as the increased traffic would not create traffic congestion that would substantially contribute to a significant decrease in air quality, or substantially interfere with transit, pedestrian, or bicycle access to the site.

Construction Parking

In addition, these construction workers would cause a temporary parking demand. The peak demand for construction parking would be 220 spaces. During most phases of construction, it is anticipated that construction worker parking demand could be accommodated within the project site, while still maintaining the existing 603 spaces for hospital employees and visitors. In the early part of Phase One, all 603 existing spaces would be available. However, during the 2.5-year peak construction period, parking available to employees and visitors would dip to 587 spaces, 16 fewer spaces than currently exist. During Phase Two, roughly 602 spaces would be available to hospital employees and visitors. In Phase Three-A, total on-site parking would decrease to 590 spaces, or 13 fewer spaces than are currently provided. In Phase Three-B, the number of parking spaces would slightly increase to 621 spaces, as new spaces are constructed. After Phase One, the hospital's 47 laundry facility workers would be relocated off-site, which would free up an additional 30 employee parking spaces.

The temporary decrease of up to 16 parking spaces during Phase One of construction could likely be accommodated on site and would not result in a substantial increase in off-site parking. After Phase One, any temporary decrease in parking would be off set by the 30 employee parking spaces that would become available when the laundry facility and workers are relocated off site. Therefore, the proposed project would not result in a significant impact associated with construction-related parking demand.

D2(c) Future Year 2015 Cumulative Conditions

Cumulative traffic growth would occur from other developments in the project area as well as the proposed project itself. Based on the *Transportation Guidelines*, the total cumulative growth was assumed to occur at a rate of 1 percent per year until the year 2015 (a 16.1 percent growth factor). The calculated cumulative traffic volumes were used to forecast the levels of service at the five study intersections under 2015 cumulative conditions. The cumulative growth rate used for this study accounts for the level of

traffic that would be associated with the other proposed projects in the vicinity of the proposed project as well as the project itself.

Table 3.2-3, Intersection Level of Service, 2015 Cumulative Conditions, presents the 2015 Cumulative intersection operation conditions during the weekday PM peak hour. For each unsignalized intersection, the delay and levels of service are presented for the intersection as an average and for the worst approach.

Table 3.2-3
Intersection Level of Service, 2015 Cumulative Conditions

Intersection	Average		V/C ³	Worst Approach ¹	
	Delay ²	LOS		Delay ²	LOS
Clarendon Ave./ Laguna Honda Blvd. ⁴	12.2	C		53.0	F
Dewey / Laguna Honda / Woodside	15.7	C		-	-
Woodside / O'Shaughnessy / Portola	59.7	E	1.06	-	-
Hospital Main Access Driveway ⁴	0.6	A		17.65	C
Shared, Signalized Woodside Access Driveway	5.5	B		-	-

Source: Wilbur Smith Associates, January 2001

Notes:

- 1 At unsignalized intersections, the delay and level of service are also presented for the worst approach: westbound at Clarendon Avenue/Laguna Honda Boulevard; westbound at the Hospital Main Access Driveway; and eastbound at the Woodside Hospital Access Driveway. At each of these intersections, the average intersection delay is lower than the delay for the stop-controlled approaches.
- 2 Delay presented in seconds per vehicle.
- 3 Volume-to-capacity ratio.
- 4 Unsignalized intersections. The levels of service as defined for signalized intersections are different from those defined for unsignalized intersections, as shown in Tables 1 and 2 in Appendix 3.2.

Under 2015 cumulative operating conditions, the westbound approach at the unsignalized intersection of Clarendon Avenue/Laguna Honda Boulevard would worsen from LOS C to operate at LOS F, resulting from difficulty in making left turns from Clarendon Avenue onto Laguna Honda Boulevard. The proposed project would represent 4 percent of overall future traffic growth at this intersection, but the project would not contribute any vehicles during the PM peak hour at the Clarendon Avenue approach that would operate poorly. Therefore, the project would not make a significant contribution to cumulative traffic impacts at this intersection.

Under 2015 cumulative operating conditions, the signalized intersection of Woodside/O'Shaughnessy/Portola would worsen from LOS D to operate at LOS E. The proposed project would contribute 29 vehicles during the PM peak hour, which would represent less than 4 percent of overall future traffic growth at this intersection. The movements to which the project would make the greatest contributions, left turn and through movements from Woodside Avenue and westbound right turns from Portola Drive, would operate satisfactorily for future cumulative conditions. The intersection's future deterioration in performance would be concentrated in other movements, and the project would contribute no more than two vehicles to any of the specific movements that would operate poorly and

cause the intersection's overall operation of LOS E. Thus, the project would not make a considerable contribution to cumulative traffic impacts at this intersection.

The remaining intersections, including all approaches at stop-controlled intersections, would operate at LOS C or better for future cumulative conditions. For these reasons, the project would not make a significant contribution to any cumulative traffic impacts.

- Construction of the proposed project would be phased over an eight-year period, beginning in the third quarter of 2002, and ending by the end of 2010. During the first five years of project construction, three other projects in the vicinity of the project site would be constructed simultaneously.
- One project is the Sutro Reservoir and Pipeline project sponsored by the S.F. Public Utilities Commission. Construction of the project is scheduled to occur between March 2002 and September 2003¹⁷, although actual construction work may not begin until summer of 2002. The reservoir segment of the project mostly includes rehabilitation of the reservoir and miscellaneous improvements. Minor traffic impacts and no on-street parking impacts are expected to occur because most construction activities will be confined to the reservoir site, which is located at the northeast corner of Clarendon Avenue and Olympia Way. The pipeline portion of the project consists of the third and final phase of construction of the Sutro Reservoir inlet pipeline. Construction will involve the installation of a dedicated 36-inch diameter steel pipeline from the Central Pump Station located at Sloat Boulevard and 23rd Avenue, across Santa Clara Avenue up to Portola Drive to Claremont Boulevard, over Claremont Street to Dewey Boulevard, and terminating at Laguna Honda Boulevard, where the pipeline will connect with existing pipeline segments constructed in two previous phases. (This project is separate from the Clarendon Pump Station and Related Pipeline project that was constructed on Laguna Honda Boulevard, between Clarendon Avenue and Dewey Boulevard, from June 2000 to August 2001.) The pipeline will be installed within the street right-of-way. Construction will require possible traffic re-routing and lane closures, although one lane of traffic will be maintained in each direction throughout construction. On-street parking may be temporarily restricted in areas under construction. Traffic control measures such as uniformed officers at busy intersections during commute hours, solar message board, and traffic re-routing signs would be implemented during construction.
- Phase One of the proposed project, which is scheduled for completion during Fall 2003, would overlap with the Sutro Reservoir and Pipeline project. Mostly on-site utilities access work would occur during Phase One, which would not substantially contribute to cumulative construction traffic and parking impacts in the project vicinity (i.e., on Dewey Boulevard and at the Dewey Boulevard/Laguna Honda Boulevard intersection) during construction of the Sutro Reservoir and Pipeline project.

¹⁷ Sutro Reservoir – New Inlets, Roof Repairs and Miscellaneous Improvements Fact Sheet; and 36-Inch Sutro Pipeline From Central Pump Station to Dewey Blvd./Laguna Honda Blvd. Fact Sheet, and Marcy Adams, Public Investment Coordinator, PUC Distribution Division, telephone conversation, March 4, 2002.

A second project, the Juvenile Hall Reconstruction Project, is described on p. 3.1-9. That project site is located immediately east of the Laguna Honda hospital campus, with construction scheduled to begin in November 2002 and end by March 2005.¹⁸ Phase 1 construction of the YGC project entails the first half of on-site hazardous materials abatement from June to September 2002, followed by demolition, building construction, and partial site development from November 2002 to June 2004. The new Juvenile Hall facility would be completed and occupied in June 2004. Phase 2 would involve completion of remaining on-site hazardous materials abatement from June to August 2004, and construction of an outdoor recreation field and remaining site development from August 2004 to March 2005. Peak construction activities would occur from November 2002 to June 2004 when demolition and construction of the new Juvenile Hall occurs.

Phase 1 of YGC construction would overlap for about a year with the Sutro Reservoir and Pipeline and construction of the proposed project. The Department of Public Works is undertaking traffic control measures to minimize traffic and parking effects of the pipeline project.

Estimates of construction-related truck trips and construction worker trips have not been developed for the YGC project.¹⁹ The new Juvenile Hall facility would be completed during Phase 1, and occupied by the time peak construction of the proposed project occurs. Phase 2 construction of the YGC project would overlap with peak construction of the proposed project. However, YGC construction activities during this phase would be less intense, and involve on-site hazardous materials abatement and construction of an outdoor recreation field. No major building demolition or new construction would occur during Phase 2 of the YGC project.

The construction phases of the two projects would overlap for about 2.5 years. The Woodside Avenue driveway improvements will be completed prior to the start of construction of both the Laguna Honda and YGC projects. During this period, the combined construction activities would result in increased construction truck and construction worker vehicle traffic, particularly on Woodside Avenue, as both facilities plan to use the Woodside driveway as the primary ingress/egress for construction trucks and construction worker vehicles. Construction-related traffic, particularly truck traffic, could cause delays and affect intersection operations due to the slower speeds and turning movements of trucks. Such delays would particularly affect the Woodside/Avenue/Portola Drive intersection, which would be used for truck access to the site from the south, east, and north. (Refer to page 2.0-18 for a description of the proposed truck access routes to the site.)

Laguna Honda hospital employees who now park on Woodside Avenue would be displaced during construction of the YGC project. The Department of Parking and Traffic (DPT) will reserve parking on Woodside Avenue between Portola Drive and Laguna Honda Boulevard for YGC employees during YGC

¹⁸ Bigelow, Chris, Department of Public Works, Bureau of Architecture, telephone conversation, February 29, 2002.

¹⁹ Bigelow, Chris, Department of Public Works, Bureau of Architecture, written communication, June 14, 2002.

- construction by use of a temporary sticker or dashboard placard. A total of approximately 115 on-street spaces will be reserved for YGC employees on Woodside Avenue and Twin Peaks Boulevard. Similar parking arrangements have been made with DPT for on-street parking on Twin Peaks Boulevard between Portola and Panorama Drives. The reserved parking arrangement with DPT will end after YGC construction is completed. During this period, Laguna Honda employees who park on Woodside Avenue or Twin Peaks Boulevard may be able to park on the Laguna Honda campus, since some of the non-employee parking lots are underutilized. Otherwise, these Laguna Honda employees would need to find alternate parking locations on nearby residential streets or seek parking at farther distances.
- Representatives of Laguna Honda hospital and the Juvenile Probation Department have agreed to meet regularly during construction of both the Laguna Honda hospital and YGC projects to coordinate respective construction activities and schedule, so as to minimize potential off-site traffic and parking impacts in the neighborhood.
- The third project is the Clarendon Avenue/Laguna Honda Boulevard Signalization. DPT has requested funding of this intersection in Fiscal Year (FY) 2002-2003. If funding is approved in FY 2002-2003, this project would be constructed between fall 2003 and summer of 2004 and would overlap for a short period with the construction of both the Juvenile Hall Reconstruction project and the beginning of Phase Two construction of the proposed project. Signal installation and improvements would require a maximum of two months to complete. During this two-month period, trenching would require lane closure. However at least one lane of traffic would remain open in each direction at all times. Also, on-street parking could be temporarily prohibited in the immediate vicinity of trenching activities. All construction would occur during off-peak hours, between 9:00 AM and 3:00 PM.²⁰ As discussed on p. 3.2-5, this intersection, under existing unsignalized conditions, operates at LOS C for the worst approach (westbound at Clarendon Avenue). In addition, this intersection would not be used as a construction truck route for the proposed project. During construction, there could be delays in turning movements and through traffic at this intersection for up to two months, which would not be considered a significant effect (because it would be temporary). After signalization, traffic flows and turning movements would be improved at the Clarendon Avenue/Laguna Honda Boulevard intersection for the remaining construction phases of the YGC and Laguna Honda projects.
- While the cumulative construction traffic effects of the proposed project, combined with the Sutro Pipeline, Juvenile Hall Reconstruction, and Clarendon Avenue/Laguna Honda Boulevard Signalization projects, would not be a significant environmental impact, residents and vehicles traveling in the project vicinity would experience temporary and intermittent delays and inconvenience during construction, particularly when the Juvenile Hall replacement and the proposed project could both be under construction.

²⁰ Velasco, Manito, Department of Parking and Traffic, telephone conversation, April 29, 2002.

A. SUMMARY

The project site is characterized by steeply-sloping topography, with surface elevation variations of about 230 feet and slope gradients from 15 to 60 percent. The project site's visibility is somewhat limited due to a combination of intervening topography and existing vegetation, although unobstructed views of the site are available from publicly-accessible Twin Peaks Park.

Overall, the proposed project would involve the construction of new hospital buildings and a new parking lot, plus reconfiguration of other parking lots on campus, in an area that is already developed. The heights of the new buildings would be similar to those of the existing buildings on the site. The project would not substantially block or alter scenic vistas from public viewpoints in the area. Also, for the most part, the addition of the new buildings would not substantially change the character of the surrounding area. From Twin Peaks Park, however, the proposed hospital buildings would negatively affect the character of the surrounding area due to the large-scale and more visible nature of the proposed buildings. This is considered to be a significant impact. The project sponsor has agreed to implement mitigation measures described in Section 4.0, Mitigation Measures, that would reduce this impact to a less-than-significant level.

Although the project involves the removal of trees, this action would not result in a significant change to the visual character of the area. The majority of trees proposed to be removed are within the site's interior and would not affect the dense stand of trees located along the northern, eastern, and western perimeter of the site. The proposed project, therefore, would not result in a significant impact associated with tree removal.

The proposed project would create a shift in light sources and would introduce new light sources in certain portions of the hospital campus. These changes would not represent a new source of substantial light given the developed nature of the area. In addition, the proposed lighting fixtures would be designed to minimize glare and off-site impacts. Therefore, impacts associated with light and glare are considered less than significant.

B. INTRODUCTION

The Initial Study prepared for this project determined that, while the proposed project would result in visual changes, no substantial, demonstrable negative aesthetic effect would occur. As such, this topic is not discussed in this EIR. This section focuses on visual changes in the context of alteration or obstruction of scenic views from public areas, tree removal, and the introduction and change of light

sources. This section includes a description of existing visual conditions and an evaluation of potential aesthetic effects associated with implementation of the proposed project. Computer-generated visual simulations illustrating conceptual "before" and "after" visual conditions at the project site as seen from three representative public vantage points are presented as part of the analysis. Digitized photographs and computer modeling and rendering techniques were utilized by Merrill + Befu Associates to prepare the simulation images, which are based on drawing data provided by the project engineers and architects.

The visual analysis of the project's potential visual effects is based on field observations of the project site and surroundings in addition to review of the following materials: project drawings and technical data, aerial and ground-level photographs of the project area, topographic data, computer-generated visual simulations from representative viewing locations, and public planning documents.

C. EXISTING CONDITIONS

C1. Project Site and Vicinity

The Laguna Honda hospital campus is characterized by steeply-sloping topography, with surface elevation variations of about 230 feet and slope gradients from 15 to 60 percent. Elevations range from 390 feet above mean sea level (msl) in the northeastern portion of the project site to 620 feet above msl in the southeastern portion of the site.

The developed areas of the campus are mainly in the central valley (i.e., Clarendon Valley) and in the north-central, southern, and southeastern portions of the site. The existing campus has two principal hospital buildings, the Main Hospital Building and Clarendon Hall. Clarendon Hall is situated on a knoll north of Clarendon Valley and is connected by a bridge building that spans the valley to the Main Hospital Building, which sits on a knoll in the southern portion of the campus. Support facilities for the campus are located within Clarendon Valley. The campus currently has several parking lots: the Main East Parking Lot, Clarendon Valley Parking Lot, Clarendon Hall East Parking Lot, and various other smaller lots. The undeveloped portions of the campus are mainly characterized by existing vegetation including mature eucalyptus trees, other exotic trees, and native vegetation. Other areas of existing vegetation include landscaped areas throughout the developed portions of the campus.

C2. Existing Off-Site Views of the Project Site

Publicly-accessible views of the project site are available mainly from nearby residential areas to the south. Within the Forest Knolls neighborhood to the north, parts of the project site are visible from several stairway walks. A partial view of the hospital, i.e., the rooftop of Clarendon Hall, can be

seen from Forest Hill (the residential neighborhood to the west), and views of parts of the project site are available from some of the stairway walks within Forest Hill. Portions of the site are also visible from

- Twin Peaks Park and sidewalks along Laguna Honda Boulevard. The project site's visibility is somewhat limited due to a combination of intervening topography and vegetation. Based on a visit to
- the site vicinity, the site is not visible from most publicly-accessible locations in the Midtown Terrace neighborhood to the east, and from the majority of publicly-accessible areas near the site, such as Mount Davidson Park (to the south of Laguna Honda hospital) and Eugene McAteer High School (to the east and south of Laguna Honda hospital).

Three viewpoints of the project site from publicly-accessible areas near the site were selected for analysis. These viewpoints were determined by San Francisco Planning Department staff to provide representative views of the site from off-site locations. The selected viewpoints provide both short-range and long-range views. **Figure 3.3-1, Key to Viewpoint Locations**, depicts the locations of the selected viewpoints; **Figures 3.3-2 through 3.3-4** provide photographs of the viewpoints selected and show the existing view and the simulation of the view with the project.¹

C2(a) Viewpoint 1: Laguna Honda Boulevard

Laguna Honda Boulevard is a public street located west of the project site. The existing view from Laguna Honda Boulevard is shown in the top portion of **Figure 3.3-2, View 1: Looking Southeast from Laguna Honda Boulevard**. The view direction is southeast and is representative of what a pedestrian would see walking along the sidewalk on the west side of Laguna Honda Boulevard south of Clarendon Avenue. This view shows the northwestern portion of the project site. Laguna Honda Boulevard, a chain link fence along the project site boundary, and existing grasses and shrubs are visible in the foreground of the photograph. Utility poles, grasses, shrubs, and trees are visible in the mid-ground. The developed portion of the project site, specifically Clarendon Hall, is beyond the trees and is not visible in this view.

C2(b) Viewpoint 2: Edgehill Way

- Edgehill Way is a hillside residential street located southwest of the project site in the Forest Hill Extension neighborhood. **Figure 3.3-3, View 2: Looking Northeast from Edgehill Way (Revised)**, shows an existing view looking northeast toward the project site. The foreground of this image consists of the existing residential neighborhood, including homes, streets, and landscaping. The Main Hospital Building is a major feature from this view and can be seen in the mid-ground of the view (from the center to the right-hand side of the photograph). As shown, prominent vegetation borders the western hospital property

¹ The lens settings used for the simulations were as follows: Edgehill Drive view - approximately 42 mm (angle of view: 46 degrees) (slightly wide lens). Laguna Honda Boulevard view - approximately 50 mm (angle of view 39.5 degrees) ('normal' lens). Twin Peaks Park view - approximately 65 mm (angle of view approximately 30 degrees) (somewhat long lens).

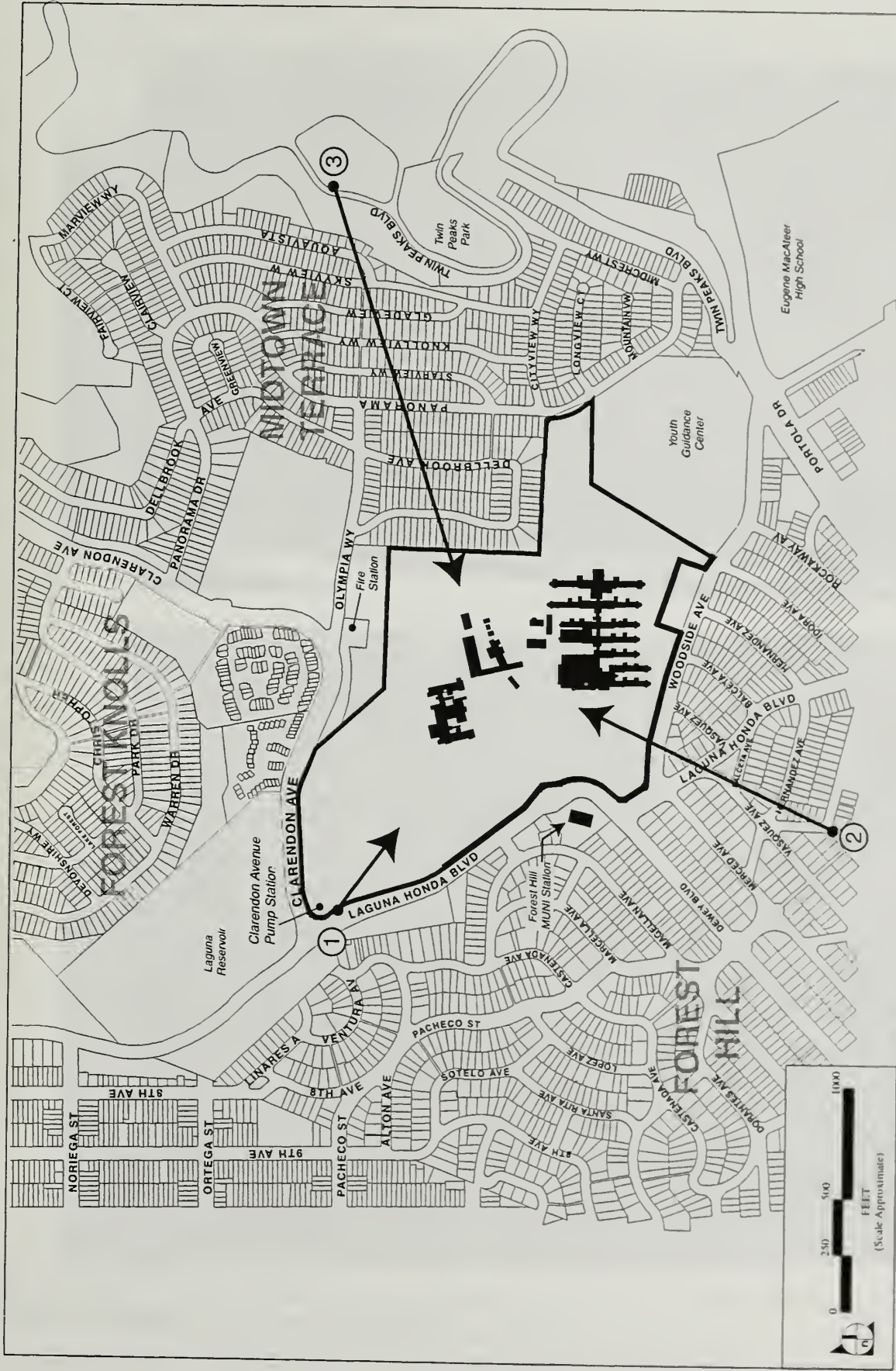
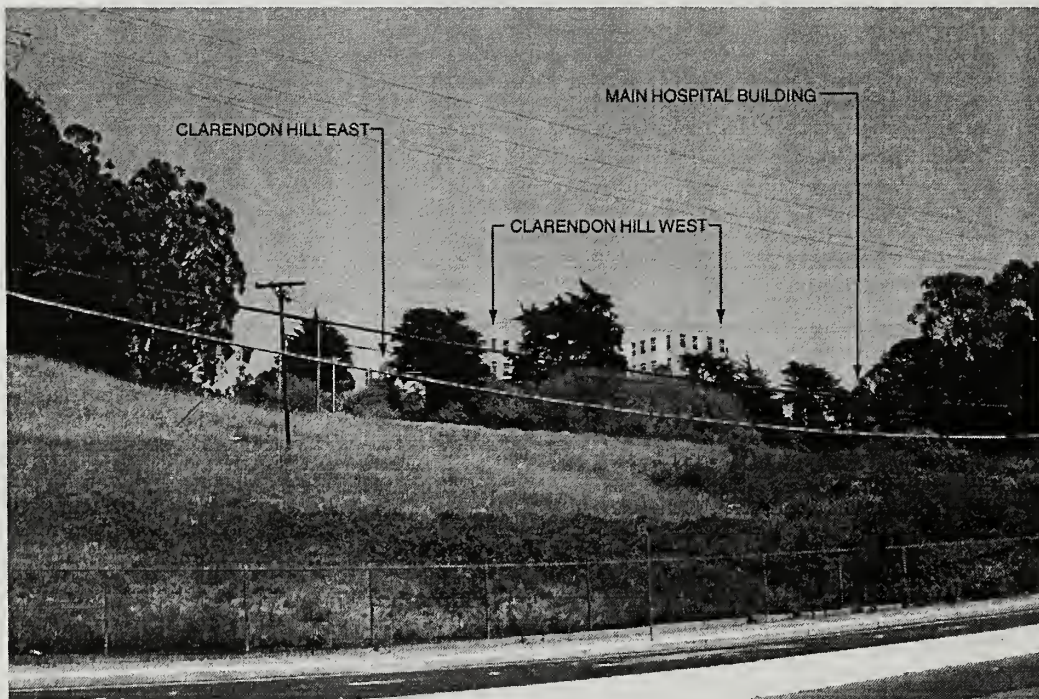


FIGURE 3.3-1
 SOURCE: City and County of San Francisco, Impact Sciences

Key to Viewpoint Locations



VIEW 1: EXISTING VIEW



VIEW 1: VIEW WITH PROJECT

SOURCE: Merrill + Belfu Associates

FIGURE 3.3-2

View 1: Looking East from Laguna Honda Boulevard



VIEW 2: EXISTING VIEW



VIEW 2: VIEW WITH PROJECT

SOURCE: Merrill + Befe Associates

FIGURE 3.3-3

View 2: Looking Northeast from Edgehill Way(Revised)



VIEW 3: EXISTING VIEW



VIEW 3: VIEW WITH PROJECT

SOURCE: Merrill + Befe Associates

FIGURE 3.3-4

View 3: Looking Southwest from Twin Peaks Park

boundary. Clarendon Hall is slightly visible in the mid-ground of the view (toward the left-hand side of the photo). The residential neighborhood of Forest Knolls and the hillside dominate the background view. Sutro Tower, only partly visible in the top center of the photograph due to the fog, is a major part of the background view on clear days.

C2(c) Viewpoint 3: Twin Peaks Park

Twin Peaks Park is a publicly-accessible park located east of the project site. The existing view toward the project site from Twin Peaks Park is shown in **Figure 3.3-4, View 3: Looking Southwest from Twin Peaks Park**. The view direction is southwest and is representative of what an individual would see of the project site if hiking the trails in the western part of Twin Peaks Park. Although not visible in **Figure 3.3-4** due to the fog, this view provides a panoramic view of the City, including scenic vistas of Mount Sutro and the Pacific Ocean. This portion of the park is under the jurisdiction of the San Francisco Recreation and Park Department.² Features visible in the foreground of the view include a hillside within Twin Peaks Park and homes within the Midtown Terrace neighborhood. As shown, the upper portion of the Main Hospital Building and portions of Wings K, L, M, and O are seen above the stand of trees in the mid-ground of the view (on the left-hand side of the photograph). Other visible hospital features include the bridge building shown in the center and the existing Clarendon Hall near the right-hand side of the photograph. The remaining areas of the hospital are blocked by a dense stand of mature trees. The residential neighborhoods, Forest Hill and Forest Knolls (partially shown), are visible in the background of the view, along with a long-range view of the Pacific Ocean.

C3. Trees

As discussed earlier, numerous trees are present on the project site, including eucalyptus, black wattle, cypress, and Monterey pine, with a variety of understory shrubs and herbs. The trees vary in height, with many trees that are more than 30 feet tall. The trees are generally clustered along the northern and eastern borders and parts of the western border of the project site; a number of trees are also located in the site interior. The trees along the northern border provide a buffer for views of the project site from Clarendon Avenue and Olympia Way. Views from Dellbrook Avenue are generally blocked by the homes along the roadway. The trees along the eastern project site boundary buffer views of the project site from behind the homes; however, a gap in the line of trees affords a view of the existing bridge structure from the neighboring area east of the campus, as shown in **Figure 3.3-4**. Along the western boundary of the project site, trees provide a buffer for views toward the project site from Laguna Honda Boulevard, in the area generally across from Magellan Avenue.

² Andy Stone, Associate Parks Administrator, San Francisco Recreation and Parks Department, personal communication on August 23, 2001.

C4. Light and Glare

Laguna Honda hospital is located in an urban surrounding. The majority of lighting sources in the area consist of residential homes, cars, and streetlights. The campus is located roughly midway between two open space areas, the Mount Sutro Open Space Preserve and Mount Davidson Park. These two areas, along with the project site, generate relatively minimal night lighting on a regional scale due to their associated areas of open space.

The existing buildings on the project site are a source of light and glare, and the visitor and employee cars accessing the campus may also be a source of light and glare. Sources of light within the campus include lighting on the outsides of buildings, lighting within the buildings, and lighting in the parking lots.

Sensitive receptors near the project site that may be affected by light and glare include residential neighborhoods, churches, and the senior housing facility. As shown in **Figure 3.1-1, Existing Land Uses in Project Vicinity**, in **Section 3.1, Land Use and Planning**, residential neighborhoods are near the project site to the south, west, north, and northeast. In addition, two churches are southwest of the project site, one church is west of the site, and another church is north of the site. Also shown in **Figure 3.1-1** is the San Francisco Housing Authority (senior housing), adjoining the project site to the south.

D. PROJECT IMPACTS

D1. Significance Thresholds

Design and aesthetics are by definition subjective, open to interpretation by decision-makers and members of the public. A proposed project would therefore be considered to have a significant adverse effect on visual quality only if it would cause a substantial and demonstrable negative change, such as construction of an industrial facility in a pristine, natural area. As noted earlier, negative aesthetic effects and impacts related to landform modifications were determined to be less than significant in the Initial Study (**Appendix 1.0**), and are not discussed in this EIR section.

However, the Initial Study noted that the project could result in significant impacts related to the obstruction or alteration of scenic views, the removal of trees, and the introduction of light and glare. As evaluated in this EIR, the project would have a significant impact if it would (1) degrade or obstruct scenic views from public areas, or (2) create a new source of substantial light or glare that would adversely affect day or nighttime views in the area. The only public viewing area generally recognized as providing scenic views of the project site is Twin Peaks Park. Two other publicly-accessible viewing areas are presented in the analysis: Laguna Honda Boulevard and Edgehill Way. As noted earlier, these viewing areas provide representative views of the site from off-site locations.

The Laguna Honda Boulevard and Edgehill Way viewing areas are included in the impact analysis for informational purposes only.

D2. Impacts of the Proposed Project

D2(a) Scenic View Obstruction or Impairment

The proposed project would result in the alteration of views by demolishing existing structures and introducing new hospital buildings to the Laguna Honda hospital site. Computer-generated visual simulations were prepared for the three views of the project site discussed in the Existing Conditions portion of this section, and are shown in the lower portions of **Figures 3.3-2** through **3.3-4**. To create these simulations, a digital model of the proposed project was first generated utilizing the proposed site plan and building elevations. This model was then superimposed on the existing photographs to create a simulated photo of how the view would appear with development of the proposed project. It should be noted that the visual simulations are only massing diagrams, intended to illustrate the height and bulk of the proposed buildings, and do not represent the actual design or architectural features of the proposed project. Tree removal resulting from the building development is reflected in the simulations (see **Subsection D3., Tree Removal**, below for more information on tree removal). However, because a specific landscaping plan has not been developed, the number and locations of new trees and shrubs are not known, and the simulations do not reflect potential landscaping of the project site.

The visual simulations were prepared based on a slightly different design than currently proposed. The slight variation in the project design includes the orientation of the proposed Clarendon Hill West and East Buildings. As currently proposed, four wings of the Clarendon Hill East and West Buildings would face south and two wings would face north. The visual simulations were based on an older version of the project design, as part of which two wings faced south and four wings faced north. The variation between the two versions of the project design is minor and would not affect the conclusions presented in this section.

Laguna Honda Boulevard

Figure 3.3-2 shows a simulated view of the project site after proposed development, as viewed from the sidewalk on the west side of Laguna Honda Boulevard, south of Clarendon Avenue. The top two stories of the proposed Clarendon Hill West Building would be visible from this viewpoint.³ As shown in the visual simulation, no other buildings or structures on the project site would be visible.

³ This conclusion would not change with the revised orientation of the proposed Clarendon Hill East and West Buildings.

Given the limited visibility of the new Clarendon Hill West Building as shown in **Figure 3.3-2**, the proposed project would not substantially block or obstruct views from this location.

Edgehill Way

Figure 3.3-3 (Revised) shows a simulated view of the project site after project implementation from the residential neighborhood, Forest Hill Extension, located south of the hospital. From this viewpoint, portions of various hospital structures would be clearly seen. As shown in the simulation, the primary visible element would be the portion of the Main Hospital Building to be retained. Portions of the Clarendon Hill West and East buildings would also be visible from this viewpoint.⁴ Mature stands of trees on the western portion of the project site would partially obstruct the view of the Clarendon Hill West and East buildings. Views of the ridgeline directly behind the Main Hospital Building (the right-hand side of the photograph) would be more readily visible than the existing views due to the demolition of

⁴ Ibid.

the hospital wings; views of the ridgeline to the left in the photograph would not change. Given the above, the proposed hospital buildings would not substantially change the character of existing conditions with the surrounding uses. In addition, the proposed project would not substantially obstruct or block existing views of the hillside.

Twin Peaks Park

Figure 3.3-4 shows a simulated view of the project site after project implementation from the publicly-accessible Twin Peaks Park. From this viewpoint, the majority of the proposed Link Building would be visible, as would parts of the proposed Greenhouse Building and Clarendon Hill East and West buildings.⁵ Mature stands of existing trees along the eastern edge of the project site would help to block portions of the new hospital buildings. Although not included in the visual simulation, the proposed assisted living facility, as seen from this viewpoint, would be to the left of the Link Building and obscured from view by the existing trees.

The proposed project would not obstruct views of the Forest Knolls neighborhood hillside, nor would it obstruct views toward the Pacific Ocean. The project would be a relatively small component of the panoramic views available from Twin Peaks Park. However, the proposed project, specifically the new Link Building, would appear massive in character in comparison to the view of the surrounding area. The surrounding area is mainly residential neighborhoods with some small-scale commercial buildings. The new buildings are of a much greater scale and would appear prominent in relationship to the surrounding area as seen from this viewpoint.

Conclusion

The new buildings would be constructed in an area that is already developed, and the heights of the new buildings would be similar to those of the existing buildings. The roof levels of the proposed buildings would range in elevation from about 560 feet to about 605 feet above msl, while the roof levels of the existing hospital buildings range in elevation from 579 feet to 649 feet above msl.

In general, no buildings are proposed in the currently undeveloped areas of the project site. In addition, the project would not substantially alter or block scenic vistas from public viewpoints. The proposed structures would be partially visible from the residential neighborhood located south of the project site and from publicly-accessible areas, including Laguna Honda Boulevard and Twin Peaks Park. From Twin Peaks Park, the new hospital buildings, specifically the proposed Link Building, would appear prominent in the view of the surrounding area due to the large-scale nature of the building compared to the smaller-scale residential homes and commercial buildings in the area. Because the scale of the new

⁵ Ibid.

Link Building would contrast with the generally smaller, finer scale character of the areas seen from this viewpoint, the proposed project would degrade or obstruct scenic views from a public area. This

would be considered a significant impact to visual quality. Mitigation measures are presented in **Section 4.0, Mitigation Measures**, that would reduce this impact to a less-than-significant level.

D3. Tree Removal

The proposed project would result in the removal of existing trees from the site. The trees would be removed mainly from within the site interior. Where feasible, trees would be preserved. Based on a review of the proposed site plan and a site visit, several trees would be removed in the areas between the wings of the existing Main Hospital Building to be demolished and within the central valley portion of the site, east and west of the existing bridge building. Trees would also be removed in the areas northwest and east of the existing Clarendon Hall for the development of the proposed interim/permanent parking lot and the new Clarendon Hill East Building, respectively.

The majority of the trees on the project site would be preserved, including the mature eucalyptus trees along the site borders and the native vegetation in the northern portion of the site. As mentioned above, the trees along the borders of the site are the most visible prominent trees on the site, and they provide visual buffers to surrounding neighborhoods. In addition, these trees obstruct views of the hospital from other areas in the project vicinity, including the Forest Hill neighborhood and Twin Peaks Park. The tree buffer would generally be preserved and thus tree removal as a result of the proposed project would not change the visual character of the surrounding areas. In addition, proposed tree removal would not substantially alter scenic vistas from public viewpoints. Therefore, visual impacts due to tree removal would be less than significant.

D4. Light and Glare

The proposed project would shift some light sources and may increase light in portions of the hospital campus, due to the new hospital buildings and new parking lot and the reconfiguration of the existing parking lots. These changes could affect daytime and nighttime views. New light sources would be introduced on the project site where the Clarendon West Parking Lot and the Clarendon Hill East and West buildings are proposed. In addition, the proposed Greenhouse Building would increase light sources in the central valley, east of the existing bridge structure. A shift in light sources would occur near the Main Hospital Building with the demolition of some of the hospital wings and the construction of the new assisted living facility and the reconfiguration of the Main East Parking Lot. The increase in day and nighttime lighting that would occur in the northern and east central parts of the site as a result of the proposed parking lot and new hospital buildings would not significantly affect sensitive receptors in the project vicinity, including the residential neighborhoods and churches. The project site is not clearly visible to these receptors due to the tree buffer located along the western, northern, and eastern boundary of the project site and due to the variation of topography of the area.

A shift in light sources would also occur near the Main Hospital Building with the construction of the new assisted living facility and the reconfiguration of the Main East Parking Lot. These changes would not represent a substantial new source of light given the developed nature of the area. In addition, although the Main East Parking Lot would be expanded to accommodate 103 additional parking slots, the expansion would occur in a northern direction and thus additional lighting would not be as prominent to the receptors located south of the site.

The proposed lighting fixtures would be designed to minimize glare and off-site impacts. Low-profile, low intensity lighting would be installed and directed downward to minimize light and glare. All lighting adjacent to the open space area would be downcast luminaries with light patterns directed away from the natural areas. Given the above, visual impacts associated with the introduction of and increase in light sources are considered less than significant.

3.4 CONSTRUCTION NOISE

A. SUMMARY

The proposed project would involve a multi-phase construction period that would last about eight years. This EIR analysis considered the effects of estimated construction noise levels during each phase on sensitive receptors near the project site as well as on-site hospital residents. Determinations were made on the basis of the City Noise Ordinance, the potential for speech interference, and generally accepted thresholds for interior noise levels at hospitals.

Construction noise levels associated with trucks and pavers would, at times, exceed the City's Noise Ordinance 80-dBA noise limit (at 100 feet). This is considered to be a significant impact. Residents along Dellbrook Avenue would be the off-site sensitive receptors most affected by project construction noise. Although construction noise during all project phases would noticeably increase ambient noise levels at times at some Dellbrook residences, the impact would be less than significant because the noise would not interfere with speech. Residents of the senior housing just south of the project site would be subject to significant speech interference due to construction noise during Phase Three-B, when some of the existing Main Hospital Building wings would be demolished and during a later phase when an assisted living facility would be constructed. Some hospital residents could be significantly affected by noise at times during each phase of construction, because the estimated interior noise levels would be above 45 dBA. Therefore, the proposed project would result in a significant impact on hospital residents due to construction noise. The project sponsor has agreed to implement mitigation measures, as described in Section 4.0, Mitigation Measures, that would reduce all construction noise impacts to a less-than-significant level except for construction noise impacts to hospital residents, which would remain significant and unavoidable.

B. INTRODUCTION

The Initial Study for this project evaluated the potential direct noise impacts associated with construction and operation of the proposed facilities. In addition, the Initial Study assessed the indirect noise impacts of truck and vehicular traffic generated by construction and operation of the facilities. Noise compatibility of the proposed hospital use was also evaluated in the Initial Study. Potential direct and indirect noise increases associated with operation of the proposed facilities were determined to be less than significant. The Initial Study concluded that the EIR need not include any further discussion of project-related operational noise increases or project noise compatibility. The following discussion provides a more detailed assessment of potential direct and indirect noise impacts associated with project construction.

B1. Environmental Acoustics

Noise is defined as unwanted sound that disrupts normal activities or that diminishes the quality of the environment. It is usually caused by human activity that adds to the natural acoustic setting of a locale.

Noise sources that contribute to *regional* ambient noise levels are typically transportation-related (mobile) sources, including vehicular traffic, trains, ship traffic, and aircraft overflights. In contrast, noise sources that contribute to *local* ambient noise levels are generally from point sources, including construction sites, industrial sites, or other places where heavy equipment or noise-generating machinery is used.

Sound is mechanical energy transmitted by pressure waves in a compressible medium such as air, whereas noise is unwanted sound. Sound is characterized by various parameters that describe the rate of oscillation of sound waves, the distance between successive troughs or crests, the speed of propagation, and the pressure level or energy content of a given sound. In particular, the sound pressure level has become the most common descriptor used to characterize the loudness of an ambient sound level. The unit of sound pressure ratioed to the faintest level detectable by a young person with good hearing is called a decibel. The decibel (dB) scale is used to quantify sound intensity. Because sound or noise can vary in intensity by over one million times within the range of human hearing, a logarithmic loudness scale is used to keep sound intensity numbers at a convenient and manageable level. Since the human ear is not equally sensitive to all sound frequencies within the entire spectrum, human response is factored into sound descriptions in a process called "A-weighting," written as dBA.

Environmental noise is measured in units of dBA. The dBA, or A-weighted decibel, refers to a scale of noise measurement that approximates the range of sensitivity of the human ear to sounds of different frequencies. On this scale, the normal range of human hearing extends from about 0 dBA to about 140 dBA. A 10-dBA increase in the level of a continuous noise represents a perceived doubling of loudness; a 5-dBA increase is a readily noticeable change, and a 3-dBA increase is barely noticeable to most people.

When assessing community reaction to noise, there is an obvious need for a scale that averages varying noise exposure over time and quantifies the result in terms of a single number descriptor. Two of these noise level scales are the Equivalent Noise Level (Leq) and the Community Noise Equivalent Level (CNEL). Leq is the average A-weighted sound level measured over a given time interval. Because community receptors are more sensitive to unwanted noise intrusion during the evening and at night, state law requires that for planning purposes, an artificial dB increment be added to quiet-time noise levels in a 24-hour noise descriptor (the CNEL). CNEL adds a 5-dBA penalty during the evening hours (7 PM to 10 PM) and a 10-dBA penalty during the nighttime hours (10 PM to 7 AM). Another 24-hour noise descriptor, called the day-night noise level (Ldn), is similar to CNEL. While both add a 10-dBA penalty to all nighttime noise events between 10 PM and 7 AM, Ldn does not add the evening 5-dBA penalty. In practice, Ldn and CNEL usually differ by less than 1 dBA at any given location for transportation and other semi-steady-state noise sources.

Human response to noise varies from individual to individual and depends on the ambient environment in which the noise is perceived. The same noise that would be highly intrusive to a sleeping person or someone in a quiet park might be barely perceptible at an athletic event or in the middle of the freeway at rush hour. Therefore, planning for an acceptable noise exposure must take into account the types of activities and corresponding noise sensitivity in a specified location for each particular set of land uses.

Some general guidelines are as follows: sleep disturbance may occur at less than 50 dBA, interference with human speech begins at around 60 dBA, and hearing damage may result from prolonged exposure to noise levels in excess of 90 dBA.

C. EXISTING CONDITIONS

C1. Existing Noise Environment

The existing ambient noise environment in the project vicinity is typical of many areas in San Francisco, dominated by vehicular traffic including cars, trucks, and MUNI buses. The Environmental Protection Element of the *San Francisco General Plan* indicates that streets in the project vicinity were subject to background noise levels of 70 to 75 dBA (Ldn) in 1974, as follows:

<u>Street</u>	<u>Noise Level (Ldn)</u>
Laguna Honda Boulevard	75 dBA
Woodside Avenue	75 dBA
Clarendon Avenue	70 dBA

The noise environment in the Laguna Honda hospital vicinity varies with proximity to these major roadways.

In order to characterize the current noise environment in the project vicinity, long-term (24-hour) noise measurements were taken at three locations on August 1, 2001. Measurement results are summarized below in **Table 3.4-1, Existing Noise Levels on Project Site**, and measurement locations are indicated on **Figure 3.4-1, Noise Measurement Locations**. Based on standard distance attenuation rates and measurement data, it is estimated that noise levels continue at approximately 75 dBA (Ldn or CNEL) adjacent to Woodside Avenue and 70 dBA (Ldn or CNEL) near Clarendon Avenue. Since the Main Hospital Building and Clarendon Hall are set back from these roadways, existing noise levels in the vicinity of those buildings are less, approximately 69 dBA (CNEL) and 56 dBA (CNEL), respectively. The hilly topography in the project vicinity causes noise levels to vary considerably, and noise levels can be substantially lower (59 dBA, CNEL) in areas sheltered from traffic noise, such as along Dellbrook Avenue, east of the site.

C2. Applicable Noise Regulations

Sections 2907 and 2908 of Article 29 of the *San Francisco Police Code* regulate construction equipment and construction work at night. Section 2907(b) states "it shall be unlawful for any person, including the City and County of San Francisco, to operate any powered construction equipment, regardless of age or date of acquisition, if the operation of such equipment emits noise at a level in excess of 80 dBA when measured at a distance of 100 feet from such equipment, or an equivalent sound level at some other

**Table 3.4-1
Existing Noise Levels on Project Site**

	Hourly Noise Measurement (Leq) in dBA					
	Location #1 (Near Dellbrook Avenue)		Location #2 (Near Clarendon Hall, 400 Feet South of Clarendon Avenue – Olympia Way)		Location #3 (Near Main Hospital and Sr. Housing on Woodside, 200 Feet North of Woodside Avenue)	
Recording Hour	AM	PM	AM	PM	AM	PM
12:00-1:00	48.0	53.5	46.0	53.1	60.4	65.5
1:00-2:00	46.7	55.2	45.4	53.8	57.9	66.3
2:00-3:00	47.8	56.9	45.1	55.9	57.8	66.6
3:00-4:00	53.3	55.9	45.6	54.7	56.9	67.2
4:00-5:00	50.3	54.8	45.5	52.0	57.8	67.2
5:00-6:00	49.1	55.1	46.0	53.3	60.2	67.2
6:00-7:00	50.6	54.7	48.3	51.8	63.9	67.0
7:00-8:00	53.7	56.8	50.9	53.0	66.2	66.3
8:00-9:00	52.2	56.4	52.0	51.2	66.3	65.0
9:00-10:00	51.9	52.8	51.8	49.5	66.0	63.7
10:00-11:00	52.7	52.4	51.4	49.0	66.4	63.8
11:00-12:00	51.6	53.0	51.2	47.8	65.5	62.1
CNEL	58.6		55.2		69.1	

Notes: Measurements were taken from midnight on August 1, 2001 to midnight on August 2, 2001. Noise measurements were taken using Metrosonics db-308 noise meters. Measurement locations are indicated in **Figure 3.4-1**.

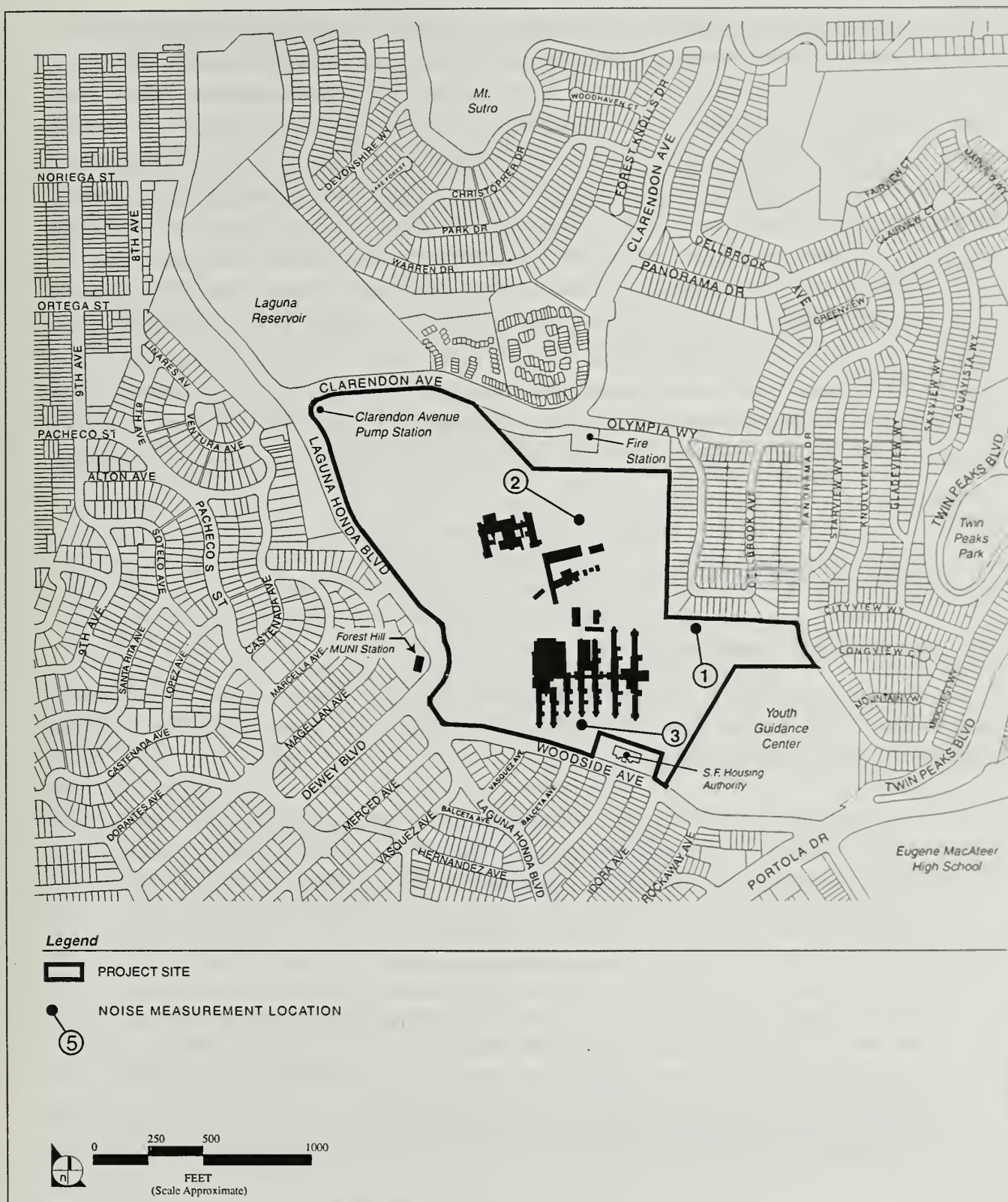
Source: Orion Environmental Associates (2001)

convenient distance.” Exemptions to this requirement include impact tools and equipment, pavement breakers, and jackhammers. The Ordinance does require that such equipment be equipped with intake/exhaust mufflers and/or acoustically attenuating shields/shrouds recommended by the manufacturers and approved by the Director of Public Works to best accomplish maximum noise attenuation.

In addition to the 80-dBA noise limit, Section 2908 prohibits any person, between the hours of 8:00 PM of any day and 7:00 AM of the following day, to erect, construct, demolish, excavate for, alter, or repair any building or structure if the noise level created is in excess of the ambient noise level by 5 dBA at the nearest property line unless a special permit therefore has been applied for and granted by the Director of Public Works.

C3. Sensitive Receptors

Human response to noise varies considerably from one individual to another. Effects of noise at various levels can include interference with sleep, concentration, and communication; physiological and psychological stress; and hearing loss. Given these effects, some land uses are considered more sensitive to ambient noise levels than others. In general, residences, schools, hospitals, and nursing homes are considered to be the most sensitive to noise.



SOURCE: Orion Environmental, City and County of San Francisco

FIGURE 3.4-1

Noise Measurement Locations

LAGUNA HONDA HOSPITAL REPLACEMENT EIR

Existing sensitive receptors located on the project site include the existing Laguna Honda hospital facilities, primarily the Main Hospital Building (Wings D, E, F, G, K, L, M and O) and Clarendon Hall. Patient rooms are located in these buildings and they are considered to be more noise-sensitive than other hospital buildings, which are used for administrative offices, laundry, maintenance, etc. Existing sensitive receptors adjacent to the project site include residential uses abutting the northern and eastern project boundaries on Clarendon Avenue-Olympia Way and Dellbrook Avenue, respectively. Residences on Olympia Way are located as close as 375 feet from Clarendon Hall, and residences on Dellbrook Avenue are located as close as 250 feet from the Main Hospital Building and Main East Parking Lot. A senior living facility abuts the southern project boundary; this multi-story building is located on the north side of Woodside Avenue, approximately 120 feet south of the Main Hospital Building. Residential uses are also located to the south and west, across Woodside Avenue, Laguna Honda Boulevard, and Dewey Boulevard. The locations of these off-site sensitive receptors are indicated in **Figure 3.1-1, Existing Land Uses in Project Vicinity**, in **Section 3.1, Land Use and Planning**. The Youth Guidance Center juvenile detention facility, located immediately east of the site, is not considered by the City to be a noise-sensitive receptor.¹

D. PROJECT IMPACTS

D1. Significance Thresholds

The City has not adopted significance thresholds for noise impacts, but the significance of construction-related noise impacts has been determined by comparing construction-related noise levels with the following applicable noise standards and guidelines.

City Noise Ordinance. Noise generated by construction equipment (other than impact tools) is regulated by the *San Francisco Noise Ordinance* (Article 29 of the *San Francisco Police Code*) and ordinance limits are used to determine the significance of project-related construction noise increases. During the daytime hours (7:00 AM to 8:00 PM), the maximum noise level permissible during construction in the City is 80 dBA, when measured at 100 feet from the noise-generating equipment. Although the standard is defined in terms of a noise limit at 100 feet, this standard can be adjusted for shorter distances such as 50 feet. It should be noted that noise attenuation rates at distances of less than 50 feet can vary due to localized effects such as noise reflection off buildings or topography as well as noise shielding from topography or buildings. The standard attenuation rate for noise levels from a point source is 6 dBA per doubling of distance. When this rate is applied to the City noise limit, the equivalent City noise limit for construction equipment at 50 feet is 86 dBA.

¹ Personal communication. Ms. Audrey Darnell, Impact Sciences, with Ms. Lisa Gibson, Senior Planner, Major Environmental Analysis, City and County of San Francisco Planning Department. August 2001.

Speech Interference Criterion. Noise peaks generated by construction equipment result in temporary disturbance (e.g., speech interference) to persons in adjacent buildings if the noise levels in the interiors of the buildings exceed 45 to 60 dBA.² A typical building can reduce noise levels by 20 to 25 dBA with the windows closed, although the actual noise attenuation may vary depending on building construction and design. This noise reduction could be maintained only on a temporary basis in some cases since it assumes windows must remain closed at all times. Assuming a 20 dBA reduction with the windows closed, an exterior noise level of 80 dBA at receptors would maintain a marginally acceptable interior noise environment for normal conversation. It should be noted that such noise levels would be sporadic rather than continuous in nature because different types of construction equipment would be used throughout the construction process. Also, use of any given noise-generating equipment would be intermittent.

Hospital Noise Criterion. Although the Office of Statewide Health Planning and Development (OSHPD, the state agency that oversees hospital construction) does not have any regulations or standards governing construction noise, the Environmental Protection Agency and the International Noise Council have recommended that average noise levels (not necessarily related to construction) in hospitals not exceed 45 dBA during the daytime. Since this is an interior standard, the impact analysis converts this to an exterior standard by assuming that the exterior walls of a building would reduce noise levels by 20 to 25 dBA, with the lower attenuation of 20 dBA occurring in buildings of older construction and a higher attenuation of 25 dBA with new construction. Therefore, the exterior noise criterion applied in this analysis to hospital receptors is 65 dBA (Leq) in existing hospital buildings and 70 dBA (Leq) in proposed hospital buildings.

Although not applied as a significance criterion, an increase in ambient noise levels of 5 dBA or more is identified in the impact analysis, as applicable, to indicate the degree of impact associated with projected construction-related noise increases. A 3-dBA noise increase is barely perceptible to most people, and a 5-dBA noise increase is noticeable. Although a 5-dBA noise increase would be noticeable and considered significant when this increase is caused by more continuous types of noise such as traffic noise, it would not necessarily be significant when applied to construction noise because construction noise is sporadic and can be highly variable on a daily basis, changing with the type of construction activity on any given day.

D2. Impacts of the Proposed Project

D2(a) On-site Construction Noise

Development of the proposed project would result in short-term noise increases due to construction. During project construction, temporary noise increases would result from the operation of heavy

² In indoor noise environments, the highest noise level that permits relaxed conversation with 100 percent intelligibility throughout the room is 45 dBA. Speech interference is considered to become intolerable when normal conversation is precluded at three feet (talker-listener separation) which occurs when background noise levels exceed 60 dBA. In outdoor environments, the highest noise level that permits normal conversation at three feet with 95 percent sentence intelligibility is 66 dBA (U.S. Environmental Protection Agency, 1974).

equipment. Construction noise levels would fluctuate depending on the construction phase, equipment type and duration of use, distance between noise source and receptor, and presence or absence of barriers between noise source and receptor. To estimate probable noise impacts, typical equipment and construction techniques are assumed.

Construction noise sources range from about 76 to 85 dBA (Leq) at 50 feet for most types of construction equipment, with moderately higher levels of about 86 to 91 dBA for certain types of earthmoving equipment (e.g., trucks and pavers) and impact equipment (e.g., jack hammers and pneumatic tools). Although the highest construction-related noise levels are typically generated by rock drills and pile drivers (which can generate noise peaks of approximately 98 and 101 dBA at 50 feet, respectively), such equipment would not be used for this project. The rate of attenuation is about 6 dBA for every doubling of distance from a point source. Typical noise levels at 50 feet from the noise source for the types of construction equipment that could be used for this project and potential noise attenuation with feasible noise controls are shown in Table 3.4-2, **Noise Levels and Abatement Potential of Construction Equipment Noise at 50 and 100 Feet (in dBA)**.

Table 3.4-2
Noise Levels and Abatement Potential of Construction Equipment Noise at 50 and 100 Feet (in dBA)

Equipment	Noise Level at 50 Feet		Noise Level at 100 Feet	
	Without Controls	With Controls ¹	Without Controls	With Controls ¹
<i>Earthmoving</i>				
Front Loaders	79	75	73	69
Backhoes	85	75	79	69
Dozers	80	75	74	69
Tractors	80	75	74	69
Graders	85	75	79	69
Pavers	89	80	83	74
Trucks	91	75	85	69
<i>Materials Handling</i>				
Concrete Mixer	85	75	79	69
Concrete Pump	82	75	76	69
Crane	83	75	77	69
Concrete Crusher	85	75	79	69
<i>Stationary</i>				
Pumps	76	75	70	69
Generator	78	75	72	69
Compressors	81	75	75	69
<i>Impact</i>				
Jack Hammers	88	75	82	69
Pneumatic Tools	86	80	80	74
<i>Other</i>				
Saws	78	75	72	69
Vibrators	76	75	70	69

¹ Noise levels that can be achieved with implementation of feasible noise controls. Feasible noise controls include selecting quieter procedures or machines and implementing noise-control features requiring no major redesign or extreme cost (e.g., improved mufflers, equipment redesign, use of silencers, shields, shrouds, ducts, and engine enclosures).

Source: U.S. Environmental Protection Agency (1971).

As indicated in this table, typical construction noise levels (without use of feasible noise controls) would generally comply with the City's Noise Ordinance 80-dBA noise limit (at 100 feet). However, there are some types of equipment that would exceed this limit if they were to be used at the project site (e.g., trucks, pavers, pile drivers, rock drills, and jackhammers). Pile drivers, rock drills, and jackhammers are exempt from this 80-dBA limit; pile drivers and rock drills are not proposed to be used at the project site. Other types of equipment would exceed this limit (e.g., trucks, pavers), which would be considered a significant impact. Implementation of feasible noise controls, as recommended in Section 4.0, *Mitigation Measures*, would adequately reduce noise levels associated with construction equipment to below the City's Noise Ordinance 80-dBA limit, thus reducing this impact to a less-than-significant level.

In order to evaluate the project's impact relative to the speech interference criterion, maximum construction noise levels were estimated by equipment type and by phase for the closest sensitive receptors (Tables 3.4-3 [Revised] through 3.4-8). Noise impacts on hospital residents also were evaluated with respect to the 45-dBA interior hospital criterion (Table 3.4-8). Receptors were separated by location: residents on Dellbrook Avenue, residents on Clarendon Avenue and Olympia Way, residents on the south side of Woodside Avenue, residents of the senior living facility on the north side of Woodside Avenue, residents across Laguna Honda and Dewey Boulevards, and hospital residents. Noise levels would vary at each receptor under each phase of construction with the highest noise levels occurring at the closest receptors and lower noise levels occurring at the more distant receptors. The following discussion evaluates the impacts of these estimated noise levels by construction phase and receptor.

It should be noted that this analysis is conservative, in that for the most part it does not specifically take into account the sporadic and intermittent timing of the construction activities. Some of the noisier construction activities, such as grading and excavation, would only occur for approximately three weeks per building site. Erecting and bolting the structural steel would take, on average, approximately one month per building site. Therefore, this noise analysis provides a conservative assessment of what the construction noise impacts would be on the surrounding receptors.

Phase One Construction

This phase of construction would primarily involve the construction of proposed utilities (temporary and permanent) needed for proposed construction and future operations as well as demolition of various buildings (bridge structure, laundry facility, greenhouse, garage, shop building, and boiler and power plant) in Clarendon Valley, located in the central portion of the site.

Table 3.4-3
Maximum Construction Noise Levels at Closest Residential Receptors on Dellbrook Avenue

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adjusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?
Residents on Dellbrook (Closest Residential Receptors at 350 Feet to the East)	Phase One (A-C) Construct Various Utilities & Demolish Central Campus Building	Earthmoving Equipment	85	350	-17	68	54	Yes	80	No
		Trucks	85	80 (4)	-4	81	54	Yes	80	Yes
		Materials Handling	91	350	-17	74	54	Yes	80	No
		Stationary Equipment	85	540	-21	64	54	Yes	80	No
Residents on Dellbrook (Closest Residential Receptors at 300 Feet to the East)	Phase Two (D) Construct Greenhouse, Clarendon Hill East, & Link Buildings	Stationary Equipment	81	350	-17	64	54	Yes	80	No
		Impact Equipment	88	350	-17	71	54	Yes	80	No
		Earthmoving Equipment	85	300	-16	69	54	Yes	80	No
		Trucks	91	250	-14	77	54	Yes	80	No
Residents on Dellbrook (Closest Residential Receptors at 750 Feet to the East)	Phase Three-A (E-F) Demolish Clarendon Hall & Construct Clarendon Hill West	Materials Handling	85	300	-16	69	54	Yes	80	No
		Stationary Equipment	81	300	-16	65	54	Yes	80	No
		Impact Equipment	88	300	-16	72	54	Yes	80	No
		Earthmoving Equipment	85	750	-24	61	54	Yes	80	No
Residents on Dellbrook (Closest Residential Receptors at 250 Feet to the East)	Phase Three-B (G-H) Demolish Existing Hospital Wings, Construct Parking Lots Later Phase Construct Assisted Living Facility	Trucks	91	750	-24	67	54	Yes	80	No
		Materials Handling	85	750	-24	61	54	Yes	80	No
		Stationary Equipment	81	750	-24	57	54	Yes	80	No
		Impact Equipment	88	750	-24	64	54	Yes	80	No
Residents on Dellbrook (Closest Residential Receptors at 250 Feet to the East)	Phase Three-C (I-J) Demolish Existing Hospital Wings, Construct Assisted Living Facility	Earthmoving Equipment	85	250	-14	71	54	Yes	80	No
		Pavers	89	250	-14	75	54	Yes	80	No
		Trucks	91	250	-14	77	54	Yes	80	No
		Materials Handling	85	250	-14	71	54	Yes	80	No
Residents on Dellbrook (Closest Residential Receptors at 250 Feet to the East)	Phase Three-D (K-L) Demolish Existing Hospital Wings, Construct Assisted Living Facility	Stationary Equipment	81	250	-14	67	54	Yes	80	No
		Impact Equipment	88	250	-14	74	54	Yes	80	No
		Earthmoving Equipment	85	250	-14	71	54	Yes	80	No
		Pavers	89	250	-14	75	54	Yes	80	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.
 (2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.
 (3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.
 (4) This distance is specifically listed to differentiate noise impacts from construction of the interim electrical facility, which would be located closer to this receptor than other facilities under Phase 1.

Table 3.4-4
Maximum Construction Noise Levels at Closest Residential Receptors on Clarendon Avenue/Olympia Way

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Barrier Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adjusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?
Residents on Clarendon/Olympia (Closest Residential Receptors at 480 Feet to the North)	Phase One (A-C) Construct	Earthmoving Equipment	85	480	-20	-6	59	67	No	80	No
	Various Utilities	Trucks	91	480	-20	-6	65	67	No	80	No
	Demolish	Materials Handling	85	600	-22	-6	57	67	No	80	No
	Central Campus Building	Stationary Equipment	81	480	-20	-6	55	67	No	80	No
		Impact Equipment	88	480	-20	-6	62	67	No	80	No
Residents on Clarendon/Olympia (Closest Residential Receptors at 240 Feet to the North)	Phase Two (D) Construct	Earthmoving Equipment	85	240	-14	0	71	67	Yes	80	No
	Greenhouse, Clarendon Hill East, & Link Buildings	Trucks	91	200	-12	0	79	67	Yes	80	No
		Materials Handling	85	240	-14	0	71	67	Yes	80	No
		Stationary Equipment	81	240	-14	0	67	67	No	80	No
		Impact Equipment	86	240	-14	0	72	67	Yes	80	No
Residents on Clarendon/Olympia (Closest Residential Receptors at 400 Feet to the North)	Phase Three-A (E-F) Demolish	Earthmoving Equipment	85	400	-18	0	67	67	No	80	No
	Clarendon Hall & Construct	Trucks	91	400	-18	0	73	67	Yes	80	No
	Clarendon Hill West	Materials Handling	85	550	-21	0	64	67	No	80	No
		Stationary Equipment	81	400	-18	0	63	67	No	80	No
		Impact Equipment	86	400	-18	0	68	67	No	80	No
Residents on Clarendon/Olympia (Closest Residential Receptors at 1000 Feet to the North)	Phase Three-B (G-H) Demolish	Earthmoving Equipment	85	1000	-26	-6	53	67	No	80	No
	Existing Hospital Wings, Construct	Pavers	89	1000	-26	-6	57	67	No	80	No
	Parking Lots	Trucks	91	1000	-26	-6	59	67	No	80	No
	Later Phase Construct	Materials Handling	85	1000	-26	-6	53	67	No	80	No
	Assisted Living Facility	Stationary Equipment	81	1000	-26	-6	49	67	No	80	No
		Impact Equipment	86	1000	-26	-6	54	67	No	80	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.

(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.

(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.

Table 3.4-5
Maximum Construction Noise Levels at Closest Residential Receptors Across Woodside Avenue (South Side)

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Barrier Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adjusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?
Residents Across Woodside (Closest Residential Receptors at 770 Feet to the South)	Phase One (A-C) Construct	Earthmoving Equipment	85	770	-24	-6	55	73	No	80	No
	Various Utilities & Demolish	Trucks	91	770	-24	-6	61	73	No	80	No
		Materials Handling	85	770	-24	-6	55	73	No	80	No
	Central Campus Building	Stationary Equipment	81	770	-24	-6	51	73	No	80	No
		Impact Equipment	88	770	-24	-6	58	73	No	80	No
Residents Across Woodside (Closest Residential Receptors at 640 Feet to the South)	Phase Two (D) Construct	Earthmoving Equipment	85	640	-22	-6	57	73	No	80	No
	Greenhouse, Clarendon Hill East, & Link Buildings	Trucks	91	640	-22	-6	63	73	No	80	No
		Materials Handling	85	640	-22	-6	57	73	No	80	No
		Stationary Equipment	81	640	-22	-6	53	73	No	80	No
		Impact Equipment	88	640	-22	-6	60	73	No	80	No
Residents Across Woodside (Closest Residential Receptors at 1020 Feet to the South)	Phase Three-A (E-F) Demolish	Earthmoving Equipment	85	1020	-26	-6	53	73	No	80	No
	Clarendon Hall & Construct	Trucks	91	1020	-26	-6	59	73	No	80	No
	Clarendon Hill West	Materials Handling	85	1020	-26	-6	53	73	No	80	No
		Stationary Equipment	81	1020	-26	-6	49	73	No	80	No
		Impact Equipment	88	1020	-26	-6	56	73	No	80	No
Residents Across Woodside (Closest Residential Receptors at 280 Feet to the South)	Phase Three-B (G-H) Demolish	Earthmoving Equipment	85	280	-15	0	70	73	No	80	No
	Existing Hospital Wings, Construct	Pavers	89	280	-15	0	74	73	No	80	No
	Parking Lots	Trucks	91	280	-15	0	76	73	No	80	No
	Later Phase Construct	Materials Handling	85	280	-15	0	70	73	No	80	No
	Assisted Living Facility	Stationary Equipment	81	280	-15	0	66	73	No	80	No
		Impact Equipment	88	280	-15	0	73	73	No	80	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.
 (2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.
 (3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.

Table 3.4-6
Maximum Construction Noise Levels at Closest Residential Receptors at Senior Living Facility North of Woodside Avenue

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Barrier Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adjusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?
Residents in Sr. Housing North of Woodside (Closest Residential Receptors at 600 Feet to the South)	Phase One (A-C) Construct	Earthmoving Equipment	85	600	-22	-6	57	67	No	80	No
	Various Utilities & Demolish	Trucks	91	600	-22	-6	63	67	No	80	No
		Materials Handling	85	600	-22	-6	57	67	No	80	No
	Central Campus Building	Stationary Equipment	81	600	-22	-6	53	67	No	80	No
		Impact	88	600	-22	-6	60	67	No	80	No
Residents in Sr. Housing North of Woodside (Closest Residential Receptors at 540 Feet to the South)	Phase Two (D) Construct	Earthmoving Equipment	85	540	-21	-6	58	67	No	80	No
	Greenhouse, Clarendon Hill East, & Link Buildings	Trucks	91	540	-21	-6	64	67	No	80	No
		Materials Handling	85	540	-21	-6	58	67	No	80	No
		Stationary Equipment	81	540	-21	-6	54	67	No	80	No
		Impact	88	540	-21	-6	61	67	No	80	No
Residents in Sr. Housing North of Woodside (Closest Residential Receptors at 1120 Feet to the South)	Phase Three-A (E-F) Demolish	Earthmoving Equipment	85	1120	-27	-6	52	67	No	80	No
	Clarendon Hall & Construct	Trucks	91	1120	-27	-6	58	67	No	80	No
	Clarendon Hill West	Materials Handling	85	1120	-27	-6	52	67	No	80	No
		Stationary Equipment	81	1120	-27	-6	48	67	No	80	No
		Impact	88	1120	-27	-6	55	67	No	80	No
Residents in Sr. Housing North of Woodside (Closest Residential Receptors at 600 Feet to the South)	Phase Three-B (G-H) Demolish	Earthmoving Equipment	85	110	-7	0	78	67	Yes	80	No
	Existing Hospital Wings, Construct	Pavers	89	110	-7	0	82	67	Yes	80	Yes
	Parking Lots	Trucks	91	110	-7	0	84	67	Yes	80	Yes
	Later Phase Construct	Materials Handling	85	240	-14	0	71	67	Yes	80	No
	Assisted Living Facility	Stationary Equipment	81	110	-7	0	74	67	Yes	80	No
		Impact	88	110	-7	0	81	67	Yes	80	Yes

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.

(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.

(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.

Table 3.4-7

Maximum Construction Noise Levels at Closest Residential Receptors Across Laguna Honda/Dewey Boulevards

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Barrier Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adjusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?
Residents Across Laguna Honda/Dewey (Closest Residential Receptors at 825 Feet to the West)	Phase One (A-C) Construct	Earthmoving Equipment	85	825	-24	0	61	73	No	80	No
	Various Utilities	Trucks	91	825	-24	0	67	73	No	80	No
	Demolish	Materials Handling	85	825	-24	0	61	73	No	80	No
	Central Campus Building	Stationary Equipment	81	825	-24	0	57	73	No	80	No
		Impact Equipment	88	825	-24	0	64	73	No	80	No
Residents Across Laguna Honda/Dewey (Closest Residential Receptors at 700 Feet to the West)	Phase Two (D) Construct	Earthmoving Equipment	85	700	-23	0	62	73	No	80	No
	Greenhouse, Clarendon Hill East, & Link Buildings	Trucks	91	700	-23	0	68	73	No	80	No
		Materials Handling	85	700	-23	0	62	73	No	80	No
		Stationary Equipment	81	700	-23	0	58	73	No	80	No
		Impact Equipment	88	700	-23	0	65	73	No	80	No
Residents Across Laguna Honda/Dewey (Closest Residential Receptors at 550 Feet to the West)	Phase Three-A (E-F) Demolish	Earthmoving Equipment	85	550	-21	0	64	73	No	80	No
	Clarendon Hall & Construct	Trucks	91	550	-21	0	70	73	No	80	No
	Clarendon Hill West	Materials Handling	85	550	-21	0	64	73	No	80	No
		Stationary Equipment	81	550	-21	0	60	73	No	80	No
		Impact Equipment	88	550	-21	0	67	73	No	80	No
Residents Across Laguna Honda/Dewey (Closest Residential Receptors at 950 Feet to the West)	Phase Three-B (G-H) Demolish	Earthmoving Equipment	85	950	-26	-6	53	73	No	80	No
	Existing Hospital Wings, Construct	Pavers	89	950	-26	-6	57	73	No	80	No
	Parking Lots	Trucks	91	950	-26	-6	59	73	No	80	No
	Later Phase Construct	Materials Handling	85	950	-26	-6	53	73	No	80	No
	Assisted Living Facility	Stationary Equipment	81	950	-26	-6	49	73	No	80	No
		Impact Equipment	88	950	-26	-6	56	73	No	80	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.

(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.

(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.

Table 3.4-8
Maximum Construction Noise Levels at Closest Hospital Resident Receptors

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adjusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?	Interior 45-dBA Hospital Criterion (4)	Exceeds 45-dBA Hospital Criterion?
Hospital Patients in Main Hospital Buildings (Closest Rooms at 60 Feet to the South)	Phase One (A-C)	Earthmoving Equipment	85	60	-2	83	54	Yes	80	Yes	65	Yes
	Construct Various	Trucks	91	60	-2	89	54	Yes	80	Yes	65	Yes
	Utilities & Demolish	Materials Handling	85	60	-2	83	54	Yes	80	Yes	65	Yes
	Central Campus Building	Stationary Equipment	81	60	-2	79	54	Yes	80	No	65	Yes
		Impact Equipment	88	60	-2	86	54	Yes	80	Yes	65	Yes
Hospital Patients in Main Hospital & Clarendon Hall Buildings (Closest Rooms at 60 Feet to the South & West)	Phase Two (D)	Earthmoving Equipment	85	60	-2	83	54	Yes	80	Yes	65	Yes
	Construct Greenhouse, Clarendon Hill East, & Link Buildings	Trucks	91	60	-2	89	54	Yes	80	Yes	65	Yes
		Materials Handling	85	60	-2	83	54	Yes	80	Yes	65	Yes
		Stationary Equipment	81	60	-2	79	54	Yes	80	No	65	Yes
		Impact Equipment	88	60	-2	86	54	Yes	80	Yes	65	Yes
Hospital Patients in Clarendon Hill East Building (Closest Rooms at 60 Feet to the East)	Phase Three-A (E-F)	Earthmoving Equipment	85	135	-9	76	54	Yes	80	No	70	Yes
	Demolish Clarendon Hall	Trucks	91	135	-9	82	54	Yes	80	Yes	70	Yes
	& Construct Clarendon Hill West	Materials Handling	85	135	-9	76	54	Yes	80	No	70	Yes
		Stationary Equipment	81	135	-9	72	54	Yes	80	No	70	Yes
		Impact Equipment	88	135	-9	79	54	Yes	80	No	70	Yes
Hospital Patients in Greenhouse Building (Closest Rooms at 60 Feet to the North)	Phase Three-B (G-H)	Earthmoving Equipment	85	300	-16	69	54	Yes	80	No	70	No
	Demolish Existing Hospital Wings, Parking Lots	Pavers	89	300	-16	73	54	Yes	80	No	70	Yes
	Construct	Trucks	91	300	-16	75	54	Yes	80	No	70	Yes
	Later Phase Construct Assisted Living Facility	Materials Handling	85	300	-16	69	54	Yes	80	No	70	No
		Stationary Equipment	81	300	-16	65	54	Yes	80	No	70	No
		Impact Equipment	88	300	-16	72	54	Yes	80	No	70	Yes

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.

(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.

(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.

(4) The 45-dBA interior standard for hospitals is converted to an exterior standard of 65 dBA (daytime Leq) by adding 20 dBA to account for attenuation provided by closed windows.

However, a 25-dBA reduction is assumed for closed windows in the new hospital buildings since newer window construction provides more attenuation.

Construction of Various Utilities. Utility improvements would range from new boiler plants to a new underground fuel storage tank and fuel station. These facilities would be located throughout the site with the construction of each facility affecting different receptors. Utility construction would occur over a one-year period, but the length of construction would be shorter at each facility location. Residents on Dellbrook Avenue would be most affected by utility construction. An interim electrical facility is proposed to be constructed approximately 80 to 100 feet from the property lines of these residents. Construction of these facilities would occur over a ten-month period and construction of each facility would affect different receptors along Dellbrook. Earthmoving activities associated with site preparation at each of these facilities would generate the highest noise levels (81 dBA, see **Table 3.4-3 [Revised]**), which would be noticeable since they would periodically increase ambient noise levels by more than 5 dBA and would exceed the 80-dBA speech interference criterion. Site preparation for these facilities would be completed in three or four intermittent two-day periods over the ten-month period. Construction of each facility would only affect any one receptor along Dellbrook Avenue for no more than approximately two to four days and projected maximum noise levels would exceed the speech interference criterion by one dBA (an imperceptible difference). Although these noise increases would exceed the 80-dBA speech interference criterion by 1 dBA, they would be short-term, intermittent and would not cause any lasting annoyance or health impacts. Therefore, impacts associated with construction of the electrical facility would be considered less than significant.

A new boiler plant would be constructed immediately adjacent to the Main Hospital Building administrative offices, and a new boiler plant and interim electrical facilities would be located within or adjacent to Clarendon Hall. Construction-related noise would affect hospital residents and employees due to their proximity to the proposed facilities. Since construction equipment would likely be operated closer than 60 feet to hospital facilities, construction-related noise levels would exceed the 45-dBA interior hospital criterion (as indicated in **Table 3.4-8** for all hospital receptors located 60 feet from the equipment sources). This would be considered a significant impact. Mitigation measures recommended in **Section 4.0, Mitigation Measures**, would reduce this impact, but it would still remain significant and unavoidable.

Demolition of Central Campus Buildings (Laundry Facility and Garage, Boiler and Power Plant, Bridge Structure, Greenhouse, and Shop Building). Existing buildings to be demolished are located in the Clarendon Valley, which is a low-lying valley in the central portion of the site where the hillsides would reduce noise levels to the north and south of the site. Since existing hills and buildings would reduce noise levels to the north and south, demolition-related noise would primarily affect residents to the east on Dellbrook Avenue. Residents on Dellbrook Avenue abutting the eastern project boundary are located up to 20 feet higher or lower than these buildings in elevation and there are no topographic barriers or buildings that would help reduce construction-related noise levels. These residents would be subject to demolition-related noise for up to six months. Noise levels would be slightly lower than those associated with utility construction since they would occur at greater distances from receptors. The most

noticeable sources of noise would likely be concrete crushing (materials handling) and earthmoving/site preparation activities. Construction-related noise levels of 64 to 71 dBA (Leq) would result in noticeable noise increases (increasing the ambient noise levels at times by 5 dBA or more) in the Dellbrook Avenue vicinity (Table 3.4-3 [Revised]). However, construction-related noise impacts on Dellbrook Avenue residents would be less than significant since estimated noise levels would not exceed the 80-dBA speech interference criterion. ■

Tables 3.4-4 through 3.4-7 indicate that the closest sensitive receptors located on Clarendon Avenue, Olympia Way, Laguna Honda Boulevard, Dewey Boulevard, and Woodside Avenue would not be significantly affected by demolition-related noise during Phase One. Demolition-related noise at these receptors of 51 to 69 dBA (Leq) would not cause noticeable increases in ambient noise levels of 5 dBA or more, nor would projected construction noise levels exceed the speech interference criterion.

Table 3.4-8 indicates that hospital residents, primarily in the Main Hospital Building, would be significantly affected by intermittent construction-related noise, primarily because of their proximity to construction activities. With some hospital rooms located as close as 60 feet from construction activities, maximum noise levels are estimated to reach 79 to 89 dBA (Leq) during some days of project construction, which would be noticeable (increasing ambient noise levels at times by 5 dBA or more) and would exceed the 80-dBA exterior speech interference criterion and 45-dBA interior hospital criterion. This would be considered a significant impact. Mitigation measures recommended in Section 4.0, **Mitigation Measures**, would reduce this impact, but it would still remain significant and unavoidable. In addition to speech interference, some residents, particularly those with certain types of dementia, could be disturbed by the sporadic nature of construction noise. There is no predictable response by dementia or Alzheimer's residents to elevated single noise events such as construction equipment. Some residents are oblivious to loud auditory stimuli, while others are more readily frightened. Some residents react very much the same as they did before the onset of the disease.

Phase Two Construction

Phase Two of project construction would primarily involve the construction of three new buildings: (1) the Greenhouse Building, located just north of the Main Hospital Building; (2) Clarendon Hill East, located just east of the existing Clarendon Hall; and (3) the Link Building, proposed to span across the area between Clarendon Hall and the Main Hospital Building. This phase of construction would occur over 30 months, with the noisiest phases (initial phases of-site preparation, concrete placement, and building exterior construction) occurring over approximately 9 to 12 months. Once the buildings are enclosed, construction noise levels would be lower and would be associated primarily with exterior finishing and truck equipment/materials deliveries.

Similar to Phase One, maximum construction-related noise levels associated with Phase Two are estimated to reach 65 to 77 dBA (Leq) in the Dellbrook Avenue vicinity, which would be noticeable (increasing ambient noise levels at times by 5 dBA or more) (Table 3.4-3 [Revised]). However, construction-related ■

noise impacts on Dellbrook Avenue residents would be less than significant since estimated noise levels would approach but not exceed the 80-dBA speech interference criterion.

Tables 3.4-4 through 3.4-7 indicate that the closest sensitive receptors located on Clarendon Avenue, Olympia Way, Laguna Honda Boulevard, Dewey Boulevard, and Woodside Avenue would be subject to noise levels of 53 to 79 dBA (Leq). Estimated increases would result in noticeable noise increases (increasing ambient noise levels at times by 5 dBA or more) at residential receptors located immediately north of the site on Clarendon Avenue and Olympia Way. Noise increases at other receptors would increase ambient noise levels by less than 5 dBA. Noise levels at all of these receptors would not exceed the speech interference criterion.

Table 3.4-8 indicates that hospital residents in both the Main Hospital Building and Clarendon Hall could be significantly affected by construction-related noise, primarily because of their proximity to construction activities. With some hospital rooms located as close as 60 feet from construction activities, maximum noise levels are estimated to reach 79 to 89 dBA (Leq) during some days of project construction, which would be noticeable (increasing ambient noise levels at times by 5 dBA or more) and would exceed the 80-dBA exterior speech interference criterion and 45-dBA interior hospital criterion. This would be considered a significant impact. Mitigation measures recommended in Section 4.0, **Mitigation Measures**, would reduce this impact, but it would still remain significant and unavoidable.

Phase Three-A Construction

This phase of construction would primarily involve demolition of Clarendon Hall and construction of a new building, Clarendon Hill West, in its place. Demolition would be completed in three months, and construction of Clarendon Hill West would occur over 27 months. Since construction would occur primarily in the northern portion of the site, maximum construction-related noise levels associated with Phase Three-A would be lower in the Dellbrook Avenue vicinity than during Phases One and Two. Construction noise under this phase would be associated with the demolition of Clarendon Hall and the construction of the Clarendon Hill West building. Maximum construction noise levels are estimated to reach 57 to 67 dBA (Leq) in the Dellbrook Avenue vicinity, which would be noticeable (increasing ambient noise levels at times by 5 dBA or more), but would not exceed the 80-dBA speech interference criterion (Table 3.4-3 [Revised]).

Tables 3.4-4 through 3.4-7 indicate that the closest sensitive receptors located on Clarendon Avenue, Olympia Way, Laguna Honda Boulevard, Dewey Boulevard, and Woodside Avenue would be subject to noise levels of 48 to 73 dBA (Leq). Similar to Phase Two, Phase Three-A demolition and construction activities could be noticeable (increasing ambient noise levels at times by 5 dBA or more when trucks are operated) at residences along Clarendon Avenue and Olympia Way, but would not exceed the 80-dBA speech interference criterion (Table 3.4-4).

Table 3.4-8 indicates that hospital residents in the Clarendon Hill East building would be significantly affected by construction-related noise, primarily because of this building's proximity to construction

activities. With some hospital rooms located as close as 135 feet from construction activities, maximum noise levels are estimated to reach 72 to 82 dBA (Leq) during various stages of project construction, which would be noticeable (increasing ambient noise levels at times by 5 dBA or more) and would exceed the 45-dBA interior hospital criterion. The 80-dBA speech interference criterion would also be exceeded when trucks are operated. This would be a significant impact. Mitigation measures recommended in **Section 4.0, Mitigation Measures**, would reduce this impact to a less-than-significant level, except in cases when impact equipment, such as jackhammers, is being used. Construction noise impacts on hospital resident receptors associated with the use of impact equipment would remain significant and unavoidable.

Phase Three-B Construction

Phase Three-B would primarily involve demolition of the existing Main Hospital Building in the southern portion of the site (Wings D, E, F, G, K, L, M, and O), and construction of parking lots in their place. Demolition would be completed within five months. Since construction would occur primarily in the southern portion of the site, maximum construction-related noise levels associated with Phase Three-B would primarily affect the Dellbrook Avenue vicinity and the senior living facility located south of the hospital wings and north of Woodside Avenue. Maximum construction noise levels are estimated to reach 67 to 77 dBA (Leq) in the Dellbrook Avenue vicinity, which would be noticeable (increasing ambient noise levels at times by 5 dBA or more), but would not exceed the 80-dBA speech interference criterion (**Table 3.4-3 [Revised]**). Maximum construction noise levels are estimated to reach 71 to 84 dBA (Leq) at the senior living facility, which would noticeably increase ambient noise levels at times (by 5 dBA or more) and would exceed the 80-dBA speech interference criterion when pavers, trucks, and jackhammers are operated in proximity to this building (**Table 3.4-6**). This would be considered a significant impact. Mitigation measures recommended in **Section 4.0, Mitigation Measures**, would reduce this impact to a less-than-significant level.

Tables 3.4-4, 3.4-5 and 3.4-7 indicate that the closest sensitive receptors located on Clarendon Avenue, Olympia Way, Laguna Honda Boulevard, Dewey Boulevard, and across Woodside Avenue would not be significantly affected by demolition- and construction-related noise. Demolition- and construction-related noise at these receptors would not noticeably increase ambient noise levels (ambient noise levels would increase by less than 5 dBA) nor exceed the speech interference criterion.

Table 3.4-8 indicates that hospital residents in the Greenhouse building could be significantly affected by construction-related noise, primarily because of this building's proximity to demolition and construction activities. With some hospital rooms located as close as 60 feet from construction activities, maximum noise levels are estimated to reach 79 to 89 dBA (Leq) during various stages of project construction, which would be noticeable (increasing ambient noise levels at times by 5 dBA or more) and would exceed the 80-dBA exterior speech interference criterion and 45-dBA interior hospital criterion. This would be a significant impact. Mitigation measures recommended in **Section 4.0, Mitigation Measures**, would reduce this impact to a less-than-significant level.

Construction of Assisted Living Facility

The proposed assisted living facility would be constructed sometime during or after 2010. Although not part of the project construction phasing, it is grouped in with Phase Three-B in **Tables 3.4-3 (Revised) through 3.4-7** because the noise generated by construction activities associated with that facility would be the same as shown in Phase Three-B, with the exception of the noise effects on the hospital receptors. Maximum noise levels associated with construction of the assisted living facility are estimated to reach 61 to 71 dBA (Leq) in the Dellbrook Avenue vicinity, which would be noticeable (increasing ambient noise levels at times by 5 dBA or more), but would not exceed the 80-dBA speech interference criterion. Maximum construction noise levels are estimated to reach 71 to 84 dBA (Leq) at the senior living facility, which would noticeably increase ambient noise levels at times (by 5 dBA or more) and would exceed the 80-dBA speech interference criterion when pavers, trucks, and jackhammers are operated in proximity to this building (**Table 3.4-6**). This would be considered a significant impact. Mitigation measures recommended in **Section 4.0, Mitigation Measures**, would reduce this impact, but it would still remain significant and unavoidable.

Tables 3.4-4, 3.4-5, and 3.4-7 indicate that the closest sensitive receptors located on Clarendon Avenue, Olympia Way, Laguna Honda Boulevard, Dewey Boulevard, and across Woodside Avenue would not be significantly affected by noise related to construction of the assisted living facility. Construction-related noise at these receptors would not noticeably increase ambient noise levels (ambient noise levels would increase by less than 5 dBA) nor exceed the speech interference criterion.

Hospital residents in the Greenhouse Building would be at least 300 feet from the assisted living facility, and administrative offices in the Main Hospital Building would be a minimum of 150 feet from this facility. At 150 feet, maximum construction noise levels at administrative offices would not exceed the 80-dBA speech interference criterion. At 300 feet, maximum construction noise levels at hospital rooms in the Greenhouse building would not exceed the 80-dBA speech interference criterion or 45-dBA interior hospital criterion.

Changes in On-site Circulation, Loading, and Parking

The locations of temporary loading docks, delivery routes, staff parking, and construction parking on the project site would change with each construction phase. Changes in construction delivery truck circulation are reflected in **Tables 3.4-3 (Revised) through 3.4-8**, which reflect minimum distances, by phase, between specified receptors and proposed truck routes. These tables indicate that truck noise (67 to 77 dBA) could increase ambient noise levels by 5 dBA or more in the Dellbrook Avenue vicinity or at hospital receptors (as the truck passes), but would not exceed the speech interference criterion at any noise-sensitive receptors.

During each phase of project construction, the locations of vehicle access, parking, hospital delivery routes, and loading docks would change on site. Although changes in vehicular noise could be noticeable at times at adjacent sensitive receptors, these changes are not expected to significantly alter ambient noise

levels given the short-term and sporadic nature of deliveries and loading/unloading activities over any given 24-hour period. Nevertheless, it is recommended that locations of access roads and loading docks consider exposure to adjacent residential receptors as well as on-site hospital receptors to minimize any perceived noise impacts.

Conclusion

Tables 3.4-3 (Revised) through 3.4-8 indicate that residential receptors on Dellbrook Avenue and hospital residents would be most affected by noise generated during project construction. The senior living facility would also be affected by demolition of the hospital wings during portions of Phase Three-B. At these receptors, construction noise increases would be noticeable at times (increasing ambient noise levels by 5 dBA or more), but noise levels would not cause speech interference effects within adjacent residences (except during construction of the interim electrical facility in Phase One). However, construction noise levels would periodically exceed hospital interior noise guidelines in hospital rooms located closest to construction activities. Therefore, construction noise impacts to hospital residents would be significant. Construction noise levels associated with trucks and pavers would, at times, exceed the City's Noise Ordinance 80-dBA noise limit (at 100 feet). This is considered to be a significant impact. Mitigation measures listed in Section 4.0, **Mitigation Measures**, in this EIR would help reduce noise impacts on these receptors. Implementation of feasible noise controls would reduce construction-related noise increases (increases in daytime ambient noise levels would be less than 5 dBA) at all identified sensitive receptors except residences on Dellbrook Avenue, the senior living facility (during Phase Three-B only), and hospital resident rooms. Implementation of these measures would reduce the adverse effects of construction noise on sensitive receptors, particularly the Dellbrook Avenue, senior living facility, and hospital receptors, by reducing construction noise levels to below the 80-dBA speech interference criterion. These measures would mitigate noise impacts on identified residential receptors to a less-than-significant level. The 45-dBA criterion could not be met during all phases of construction at hospital receptors, however. Therefore, construction noise impacts on hospital receptors cannot be mitigated to a less-than-significant level and would be a significant, unavoidable impact.

D2(b) Off-site Construction Traffic Noise

Since cut and fill would be balanced on-site, there would be no need to haul excess materials off-site, avoiding potential noise impacts on receptors located adjacent to haul routes. However, the project would require delivery of equipment and building materials. The project is estimated to generate an average six trucks per day (12 one-way truck trips per day or 1.5 one-way truck trips per hour over 8 hours) throughout construction for delivery of equipment and materials. In addition, based on a conservative approach, up to four concrete trucks per hour (eight one-way truck trips per hour) would be generated during some days of each building construction phase.

Delivery trucks would generate noise while traveling along delivery routes. Possible delivery routes are described in Subsection E5., **Proposed Grading and Utilities Plan**, of Section 2.0, **Project Description**.

Residential and school uses are located along many of the identified delivery route streets, and these noise-sensitive uses could be affected by increased truck noise. However, the effects of project-related truck traffic increases would depend on the level of background noise already occurring on these streets. In quiet noise environments (Leq averaging 50 dBA), one truck per hour would be noticeable even though such a low volume would not measurably increase noise levels. In slightly noisier environments (Leq averaging 60 dBA), the threshold level is higher, and it would take 10 trucks per hour to noticeably increase the noise exposure. In moderately noisy environments (Leq averaging 70 dBA), a noise increase would be perceptible with the addition of 100 trucks per hour (Caltrans, 1989). In quiet noise environments or during quieter times of the day, truck noise is mainly a single event disturbance because, although the hourly average associated with short single events is not very high, individual noise peaks of 80 to 85 dBA are common during a truck passage. In noisy environments or during less noise-sensitive hours, truck noise would be perceived as a part of the total noise environment rather than as an individual disturbance. With volumes of 10 trucks per hour or less, there would be no measurable change in existing ambient (24-hour) noise levels.

Use of any of the proposed delivery routes would not result in significant noise impacts since these routes are located along streets that are subject to moderately noisy environments. According to the *San Francisco General Plan*, streets proposed as delivery routes are subject to noise levels over 70 dBA (Ldn). For traffic-dominated environments, Leq is generally about 3 dBA lower than Ldn. Since the Leq noise levels along these streets would be over 65 dBA, project-related truck traffic increases of 10 trucks per hour would not result in noticeable noise increases along these streets. Therefore, noise impacts associated with construction-related truck traffic would be less than significant.

E. CUMULATIVE IMPACTS

Cumulative construction noise impacts could result if construction of other projects occurs in the vicinity of the Laguna Honda hospital at the same time. Three projects in the project vicinity with construction activities that would overlap with proposed project construction are the Youth Guidance Center (YGC) Juvenile Hall Reconstruction Project (located immediately southeast of the site), the Sutro Reservoir and Pipeline Project (located north of the site), and the Clarendon Avenue/Laguna Honda Boulevard Signalization (located northwest of the site).

The YGC project is proposed to be completed in two phases. Phase 1 construction of the YGC project entails the first half of on-site hazardous materials abatement from June to September 2002, followed by demolition, building construction, and partial site development from November 2002 to June 2004. The new Juvenile Hall facility would be completed and occupied in June 2004. Phase 2 would involve completion of remaining on-site hazardous materials abatement from June to August 2004, and construction of an outdoor recreation field and remaining site development from August 2004 to March 2005. Peak construction activities would occur from November 2002 to June 2004 when demolition and construction of the new Juvenile Hall occurs.

Phase 1 of YGC construction would overlap for about a year with the construction of the proposed project. The new Juvenile Hall facility would be completed during Phase 1, and occupied by the time peak construction of the proposed project occurs. Phase 2 construction of the YGC project would overlap with peak construction of the proposed project. However, YGC construction activities during this phase would be less intense, and involve on-site hazardous materials abatement and construction of an outdoor recreation field. No major building demolition or new construction would occur during Phase 2 of the YGC project. The construction phases of the two projects would overlap for about 2.5 years.

The noisier phases of demolition and earthwork at the YGC site would overlap with utility construction on the project site (with the noisier activities limited to three or four two-day periods). As indicated on Tables 3.4-3 (Revised) through 3.4-8, Phase One utility construction on the project site would primarily affect Dellbrook Avenue residents and hospital receptors. Construction activities at the YGC site would primarily affect existing residences to the south (across Woodside Avenue) because there is a hill that would completely block construction noise from the Dellbrook Avenue neighborhood and partially block construction noise from hospital residents located in the easternmost wing of the Main Hospital Building (facing east). Although cumulative noise impacts could result due to overlapping construction schedules, existing topography would isolate the two construction projects from each other, thereby minimizing the potential for

cumulative noise impacts on these receptors. In addition, the short duration of the proposed project's noisier activities would limit the extent of overlapping construction activities at these receptors to a maximum of eight days over a one-year period.

The noisiest activities associated with Phase One of the proposed project would be demolition of central campus buildings. Although the demolition phase of the proposed project would overlap with Phase One construction of the YGC project, cumulative noise increases would not be anticipated since the noisier demolition phase of project construction would overlap with the final six months of building construction at the YGC site. In the final six months, the YGC buildings would be enclosed and construction activities would occur primarily in the interior of the building.

Phase Two of the YGC project would overlap with Phase Two of the proposed project, when new buildings in the central campus vicinity would be constructed. As indicated on Tables 3.4-3 (Revised) through 3.4-8, Phase Two project construction would primarily affect residents living on Dellbrook Avenue, Clarendon Avenue and Olympia Way as well as hospital receptors facing northwest. Due to existing topography, construction activities at the YGC site would primarily affect existing residences to the south (across Woodside Avenue) and hospital residents located in the easternmost wing of the Main Hospital Building (facing east). Similar to Phase One, each project would affect different receptors, minimizing the potential for cumulative noise impacts on any particular receptors. Therefore, the project would not result in any significant cumulative noise impacts.

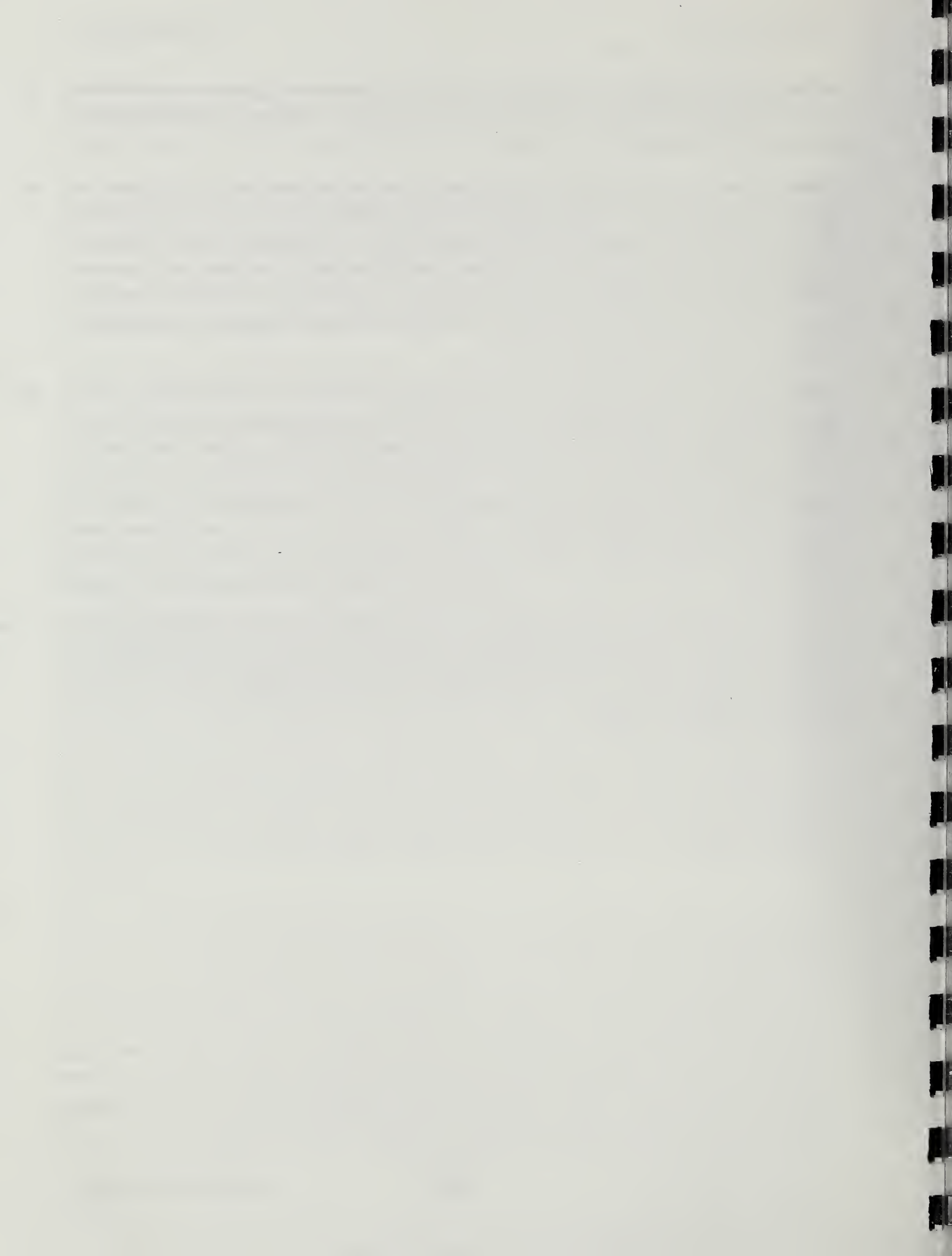
With respect to the Sutro Reservoir and Pipeline Project, reservoir improvements are scheduled to occur from March 2002 to September 2003. Reservoir improvements would include installing new dedicated reservoir inlet piping, repairing reservoir roof and joists, cleaning, and miscellaneous improvements. Most activities would be confined to the reservoir site, which is located at the northeast corner of Clarendon Avenue and Olympia Way. The pipeline project consists of the third and final phase of construction of the Sutro Reservoir inlet pipeline. Construction will occur from Sloat Boulevard (at 23rd Avenue) to Dewey Boulevard (southwest of the Laguna Honda hospital property), where it will connect to the pipeline already constructed during phases I and II. Therefore, no additional pipeline construction will occur in the immediate project vicinity along Laguna Honda Boulevard, Clarendon Avenue, or Olympia Way.

Reservoir improvements would overlap with Phase One of the proposed project, which is scheduled for completion by Fall 2003. Phase One of the proposed project would involve utility construction on the project site, with the noisier activities limited to three or four two-day periods. Phase One utility construction on the project site would primarily affect Dellbrook Avenue residents and hospital receptors, while reservoir improvements would primarily affect the Clarendon Avenue/Olympia Way residents. Topography and distance would help reduce reservoir construction noise at the Dellbrook residents most affected by project construction. However, cumulative noise increases could result if any construction activities occur on the exterior of the reservoir during the three or four two-day periods when project utility construction also would occur. The short timeframe (a total of six to eight days) and short

duration of each utility project (two days) would minimize the potential for significant cumulative noise impacts on the Dellbrook Avenue residents due to these two projects. Therefore, the project would not result in any significant cumulative noise impacts.

Although Phase Two of the proposed project and reservoir improvements would both affect the Clarendon Avenue/Olympia Way neighborhood, these two construction phases would not occur at the same time. Therefore, cumulative construction noise impacts on this neighborhood due to these two projects would not be anticipated. The Sutro Reservoir and Pipeline project would occur at the same time as Phase One of the YGC project. Since existing topography would isolate the two construction projects from each other, each project would affect different receptors. Therefore, cumulative noise impacts on any particular receptor would not be anticipated.

DPT has requested funding for the Clarendon Avenue/Laguna Honda Boulevard Signalization in Fiscal Year (FY) 2002-2003. If funding is approved in FY 2002-2003, this project would be constructed between fall 2003 and summer of 2004 and would overlap for a short period with the construction of both the Juvenile Hall Reconstruction project and the beginning of Phase Two construction of the proposed project. Signal installation and improvements would require a maximum of two months to complete. As indicated on Tables 3.4-3 (Revised) through 3.4-8, Phase Two project construction would primarily affect residents living on Dellbrook Avenue, Clarendon Avenue and Olympia Way as well as hospital receptors facing northwest. Noise impacts from the signalization project would be buffered by the Laguna Reservoir and open space in the northwestern part of the hospital site; any noise impacts that would occur would primarily affect residents southwest of Laguna Honda Boulevard. In addition, impacts to residents would be limited because all construction for the signalization project would occur during off-peak hours, between 9:00 AM and 3:00 PM. Therefore, cumulative noise impacts on any particular receptor would not be anticipated.



3.5 HISTORIC ARCHITECTURAL RESOURCES

A. SUMMARY

The proposed project at Laguna Honda hospital would result in the partial demolition of the Main Hospital Building and the complete demolition all other hospital buildings: Clarendon Hall, bridge building, garage, laundry, boiler house, and greenhouse. The hospital complex has been formally determined eligible for the National Register of Historic Places as an historic district under Criterion A, contribution to a broad pattern of events, for its association with the development of health care in San Francisco. Additionally, the Main Hospital Building and Clarendon Hall appear to be individually significant under Criterion C for their association with significant Bay Area architects Newton Tharp and John Reid, Jr. The demolition of these significant structures would be a significant impact. The project sponsor has agreed to implement mitigation measures described in Section 4.0, Mitigation Measures, that would reduce this impact; however, the impact would remain significant and unavoidable.

B. INTRODUCTION

This section discusses project impacts to historic architectural resources. Other cultural resources impacts related to archaeological and paleontological resources were found to be less than significant in the Initial Study (**Appendix 1.0**) and, therefore, are not analyzed in this EIR.

According to correspondence between the State Office of Historic Preservation (OHP) and the Federal Emergency Management Agency (FEMA), a 1992 FEMA survey concluded that the Laguna Honda hospital complex was eligible for the National Register of Historic Places (NRHP) as an historic district (National Register Status Code 2D2). "It is FEMA's determination that Laguna Honda Hospital and Rehabilitation Center is eligible under Criteria A, B, and C for the NRHP and that Clarendon Hall is a contributing element of the Laguna Honda Hospital and Rehabilitation Center."¹ The Directory of Properties in the Historic Property File from the OHP concurs that by consensus determination the Main Hospital Building, Clarendon Hall, bridge building, greenhouse, garage, boiler house, and laundry are eligible for listing as contributors to an historic district significant under Criterion A, contribution to a broad pattern of events. The Main Hospital Building was also found to be eligible under Criterion C, architectural significance (National Register Status Code 2S2). Copies of this correspondence and the pertinent sheet of the OHP Historic Properties Directory are included in

¹ A. Roy Kite, Chief, Disaster Assistance Programs, Federal Emergency Management Agency. Letter to Steade Craig, Acting State Historic Preservation Officer, Office of Historic Preservation. 29 December 1992. State Office of Historic Preservation Files, Sacramento, CA.

Appendix 3.5. The complex is not currently listed as a San Francisco Landmark in Article 10 of the San Francisco Planning Code.

As part of the preparation of this EIR, Architectural Resources Group conducted an historic resources evaluation. The following discussion is taken primarily from the October 2001, *Laguna Honda Hospital: Final Historic Background Report*. In this report, the preservation consultant evaluated the historic resources at the site and the potential effects the project would have on these resources. This report is on file and available for review by appointment at the San Francisco Planning Department, 1660 Mission Street, as part of Case File 2000.005E.

C. EXISTING CONDITIONS

C1. History of Laguna Honda Hospital

The floor plan of Laguna Honda hospital is derived from early cruciform-plan hospitals in Europe consisting of a central room or hall with four perpendicular radiating wings. The separate, radiating wings allowed for complete segregation of patient types—men and women, bed-ridden and ambulatory, sane and insane—and for maximum air circulation and light before the advent of electrical systems for these amenities. By the end of the nineteenth century, several hospitals had been built in England and the eastern United States that are clearly precedents for Laguna Honda: each had a series of widely-spaced parallel wings arranged perpendicular to a long central hallway, or spine.

San Francisco had several hospitals, public and private, by the 1860s with two isolation hospitals built as a response to smallpox epidemics.² Forty years later, the 1903-4 San Francisco City Directory listed 13 orphanages, 12 hospitals, 10 homes for the aged or infirm, 1 asylum, and 1 alms house—the City and County Alms House, which would later be known as Laguna Honda hospital. The history of hospital design has long been associated with that of alms houses or poor houses, orphanages, and asylums. Early hospitals often combined some or all of these services, and a number also confined prisoners. These structures served the sick and the needy, some merely providing shelter, others providing the best available health care.

In 1866, the San Francisco Board of Supervisors received authorization from the state legislature to build and operate an alms house and hospital. Eighty acres of City-owned land on the western side of Twin Peaks was designated for this purpose. San Francisco's Alms House opened in 1867. One description of the institution noted that "the need of such an establishment had become urgent, as the City and County Hospital was burdened with the permanently disabled and superannuated, who had

² William Blaisdell, *Catastrophes, Epidemics, & Neglected Diseases* (San Francisco: San Francisco General Hospital Foundation), 41-2.

been accumulating for years.”³ The first structure on the property was a four-story Second Empire Style building with three wings extending off a central core in a T-shape, the whole overlooking the Spring Valley Water Company’s reservoir, Lake Honda. This facility was built to accommodate 400 to 500 patients. A separate 40-bed infirmary was built in 1868, to separate those inmates with contagious diseases, namely smallpox.⁴ By 1892, the Alms House was described as consisting of “two large and one small building,” and in 1893 a separate chapel was built near the main building.⁵

In 1906, a major earthquake shook San Francisco toppling buildings and rupturing gas lines, which in turn, caused fires that devastated the city. The thousands of homeless and injured put a high demand on public services, health care, and housing. Some buildings on the Laguna Honda hospital grounds were undamaged, and the facility was used as a distribution center and emergency housing. It was operated by the San Francisco Relief Corporation as a Red Cross facility to help injured and homeless San Franciscans, especially the aged. In 1907, the old Laguna Honda hospital building was torn down and new buildings constructed, including Clarendon Hall, the power plant, water tanks, and trash incinerators. Clarendon Hall served as a large infirmary. The E-shaped building housed separate male and female wards, a chapel, and administrative offices. The 1908 San Francisco City Directory listed 12 homes for the aged or infirm, and the number of asylums and sanitariums had grown to four. Laguna Honda hospital, also known as the City and County Relief Home, was the only one of its kind, however, serving a larger population than ever before.

A description from the 1910s noted, “It is the rule of the institution that every able-bodied inmate must work.”⁶ The inmates participated in all aspects of the operations; they worked in the kitchen and dining rooms as cooks and servers, operated the laundry, cleaned and repaired the facilities, kept up a large working farm, sewed and mended all clothing, cobbled shoes, and even performed such strenuous labor as quarrying rock and repairing roads.

Indicating the beginning of the facility’s long-term trend toward health care rather than housing, a special ward for the terminally ill opened in 1913. Then in the 1920s the Laguna Honda hospital campus underwent a major expansion, and the site began to resemble its contemporary state. In 1926, a part of the current Main Hospital Building was constructed across the valley from Clarendon Hall, facing west toward the ocean. The building reflected the locally popular Spanish Revival Style, with stucco walls, molded terra cotta, and red clay tile roofs. It had a large administration section with a

³ *Langey San Francisco Directory* (1874), 56.

⁴ Some explanation is needed regarding the term “inmate” for the residents of the Alms House (later Laguna Honda Home). Virtually every newspaper article and other historic source of information about the facility refers to its occupants as “inmates.” Laguna Honda, however, has never operated as a prison. These “inmates” were generally sent here by the City when they had no where else to go, but they were not held against their will.

⁵ “Life at the Alms House,” *San Francisco Call*, 25 April 1892: 3.

⁶ Mabel Craft Deering, “A Poor House that Pays,” 3.

dining room, theater, and other social spaces. Seven wings for patients projected from the main hall and administration section. Two more wings were added in 1928, extending the Main Hospital Building eastward up the hill. A number of service and support buildings were added and/or expanded when the campus was expanded in 1926. These include the laundry, bridge building, and boiler house, located in the valley, and the greenhouse, on the north side of the Main Hospital Building. The garage was constructed in 1912.

In 1927, the San Francisco Board of Health agreed to convert portions of the Laguna Honda hospital campus into a fully functioning hospital, instead of simply providing housing and minor medical care for the City's poor and aged population. In the 1930s and 1940s there was a major shift in the type of care required of Laguna Honda hospital. The population that now needed Laguna Honda hospital's services was limited to those unable to care for themselves at home or by family—a group with significant medical and psychiatric needs. In 1938, it was reported that 70 percent of the facility's admissions were directly to the infirmary.⁷

These service changes necessitated physical modifications to Laguna Honda hospital. A planned 4-story addition that provided 196 more beds was constructed in 1930. Splivoch & Splivoch were engaged as the builders for this project. Then in February 1931, the San Francisco Board of Supervisors recommended an appropriation of over \$400,000 for the addition of two more wards at Laguna Honda hospital.⁸ In March of that year, recommendations were made for \$43,000 in repairs to Clarendon Hall (the infirmary) and a nearby building constructed in 1911 (no longer extant).⁹ In August 1937, the City Health Director recommended that a bond issue include \$1,000,000 for the construction of a more modern hospital at the Laguna Honda campus. At the time it was feared that the City would not have access to Works Progress Administration (WPA) funds for this work.¹⁰ Charles W. Wollenberg, Superintendent of the Laguna Honda Home, supported the bond issue, saying:

The present infirmary of 340 beds was constructed in 1907 and 1908, [one of the] first concrete buildings erected after the San Francisco fire. At that time it was adequate, as it was intended to care for the aged indigent who became ill in our institution, then known as the Alms House. Today, through operation of the Old Age Security Act, the type of population in this institution is fast changing. Laguna Honda Home is rapidly becoming a hospital for the chronically sick, rather than a home for the aged indigent.¹¹

⁷ "Laguna Honda Home Survey Reported," *San Francisco Chronicle* 8 April 1939: 9.

⁸ "\$417,000 for Relief Home Wards Voted," *San Francisco Chronicle*, 27 February 1931, 4.

⁹ "Grand Jury Urges Relief Home Repairs," *San Francisco Chronicle*, 21 March 1931: 4.

¹⁰ "Geiger Asks \$1,600,000 to Aid Ailing," *San Francisco Chronicle*, 8 August 1937: 7.

¹¹ "Hospital Bond Issue Backed By Wollenberg," *San Francisco Chronicle*, 25 October 1937: 7.

The final addition to the Main Hospital Building, Wards M and N (now called Wings M and O) commenced in December 1938. The WPA ultimately contributed 45 percent of the costs, with the remainder funded by a bond issue.¹² The project was intended to increase hospital capacity from 575 to 900 beds. According to J. C. Geiger, City Health Director, these wards were intended to be no less than "the medical center of the West for administration to persons with recurrent ills."¹³ His vision was perhaps realized in part when in July 1948, the first cancer ward opened at Laguna Honda hospital. The University of California, San Francisco Medical School used the ward for research in experimental treatments. In the 1960s, an Intensive Rehabilitation Center was certified, and after 80 years of transition from Alms House to health care, Laguna Honda was licensed as a hospital.

By June 1962, the patient population was 1,676. One year later, it had risen to 1,732, with an average length of stay of a year and a half.¹⁴ There are currently 1,065 beds; the number was reduced in an attempt to meet current hospital codes. However, since the 1970s, the level of patient acuity at Laguna Honda hospital has increased. Today, many patients are unable to care for themselves, and overall have more severe medical and psychiatric problems than in the past. More patients are homeless than in previous years, which means that if rehabilitated and released, they have little or no outside support. Laguna Honda hospital currently offers a wide variety of patient services, including 38 skilled nursing units, acute medical and rehabilitation units, occupational and physical therapy, and an outpatient adult day health care center in Clarendon Hall.

C2. Architects Involved

Over the years, a number of architects have been involved with construction projects at Laguna Honda hospital. The City Bureau of Architecture has been responsible for many of the smaller buildings and renovations. The most complete architectural records exist for the two most significant buildings on the site, Clarendon Hall and the Main Hospital.

Clarendon Hall (1908) was designed by the San Francisco Bureau of Architecture and City Architect Newton Tharp. His private practice, the firm of Tharp and Holmes, was also responsible for the Crocker Building (1900) and 131 Post Street (1905). Other commissions include the Dewey Monument in Union Square, along with Robert Aitken, sculptor (1901). Tharp's Grant Building (1905-6), is at the southeastern corner of Seventh and Market Streets. This eight-story building is clad in brick and terra cotta, and has tripartite division with Renaissance/Baroque Revival ornamentation. As City Architect, Newton Tharp was also responsible for the design of the fire station at 466 Bush Street

¹² "Laguna Honda Work to Start," *San Francisco Chronicle*, 20 October 1938: 12. "S.F. Gets New Rules on Hospital Projects," *San Francisco Chronicle*, 13 December 1938.

¹³ "Ground Broken for Laguna Honda Hospital," *San Francisco Chronicle*, 10 December 1938: 9.

(1909). The first of several fireproof buildings constructed by the city after the 1906 earthquake, its over-scaled Classical and Baroque details make this small building a prime example of City Beautiful architecture. Still employed as City Architect, Tharp died unexpectedly, shortly after this building was completed.

The Main Hospital Building at Laguna Honda was designed by John Reid, Jr. Original drawings indicate that C. H. Snyed was the structural engineer, and Leland & Haley were electrical engineers for this project (1926).

John Reid, Jr., was born in San Francisco in 1883, graduated from Lowell High School and attended the University of California, Berkeley.¹⁵ He studied at Berkeley under John Galen Howard, an important early Bay Area architect. Reid demonstrated such "exceptional talent" that Howard encouraged him to apply to the Ecole des Beaux Arts in Paris.¹⁶ Reid traveled to Paris, where he easily gained admission by placing second in the competitive entrance examination, among nearly three hundred aspirants.¹⁷ The majority of Reid's designs incorporate classical references, reflecting his Beaux-Arts training.

Upon completion of his studies in 1909, Reid returned to San Francisco. By 1915, Reid was working as a consulting architect for the San Francisco Civic Center with John Galen Howard and Frederick H. Meyer.¹⁸ Reid was involved with the design of San Francisco General Hospital, 1909-1915. He became City Architect in 1917 and remained in this position until 1927. As City Architect he designed many of San Francisco's school buildings, including the High School of Commerce, Mission High School, and Galileo High School.¹⁹ Since the majority of Reid's school buildings during the 1920s were of brick or concrete construction, it is evident that Reid saw the importance of fireproofing, an issue of growing importance during this period. Reid's work with fireproofing was featured in a 1929 national

¹⁴ *Health Care for San Francisco* (San Francisco: San Francisco Hospital Conference, June 1964): 103.

¹⁵ The date of Mr. Reid's birth is reported in his Obituary as 1883. "Architect John Reid Dies at 85," *San Francisco Examiner* (16 December, 1968). However, *Who's Who on the Pacific Coast*, reports his birth date as December 26, 1879. *Who's Who on the Pacific Coast* (Chicago: A. N. Marquis Co.: 1949).

¹⁶ Personals," *Pacific Coast Architect* (June 1925). According to *Who's Who on the Pacific Coast*, Reid graduated from Berkeley in 1904 and from the Ecole des Beaux Arts in 1909. The Ecole des Beaux Arts was the most prestigious architecture school in Europe. The school offered a design program founded on the classical principles of architectural theory. The term "Beaux Arts" came to refer to the style of architecture practiced by the graduates of this institution which reflected the classical training offered by the school.

¹⁷ "France Honors California Boy," *San Francisco Chronicle* (10 February, 1916).

¹⁸ *Pacific Coast Architect* (June 1925). *Municipal Blue Book of San Francisco*, 1915: 69. Joan Elaine Draper, *The San Francisco Civic Center: Architecture, Planning, and Policies* (Ph.D. Dissertation School of Environmental Design, University of California, Berkeley: May 1979).

¹⁹ Obituary, *San Francisco Chronicle* (16 December, 1967). Architectural Resources Group, *Historic Structure Report 135 Van Ness The High School of Commerce* (November, 1993).

architecture journal.²⁰ John Reid, Jr., was a well-known Bay Area architect and was City Architect for San Francisco when the Laguna Honda hospital was constructed in 1926. He received the Certificate of Honor from the Northern California Chapter of the AIA in 1927 for his design for the project.²¹

Little information is available concerning the life of John Reid, Jr., after his resignation as City Architect. He stepped down after allegations of nepotism and graft were raised against him because he was the brother-in-law of Mayor Rolph. Reid was a member of the San Francisco City Planning Commission until 1930. Despite any controversy surrounding his resignation, Reid's contribution to the architecture of San Francisco during the two decades after the 1906 earthquake was significant.

C3. Overall Site Description

The 62-acre Laguna Honda hospital site is located on the western slope of Twin Peaks in San Francisco. The developed area of the site consists of two knolls separated by a valley. The Main Hospital Building is situated above the southern edge of the valley, stepping eastward up the slope of the hill. Support buildings are grouped on the north side of the Main Hospital Building. The bridge building spans the valley between the Main Hospital Building and Clarendon Hall. Other support buildings are located in the valley adjacent to the bridge building. Clarendon Hall is set into eucalyptus trees and faces southeast, toward the Main Hospital. There is a small meadow in front of Clarendon Hall.

C4. Building Descriptions

C4(a) Main Hospital Building

The Main Hospital Building is a Spanish Revival style building with painted stucco exterior walls and clay tile roofs. The building is composed of a main block, a central corridor, and wings. At the west (front) end of the building, the main block houses the administrative and community spaces such as a theater, chapel, and a large dining room (now used as a kitchen). From there, a central circulation corridor runs up the hill eastward, perpendicular to the main block. A series of 11 parallel wings project from the central corridor; there are 7 wings on the south side of the corridor and 4 wings on the north, behind the administrative block. The wings are each 5 stories high.

The main administrative block and Wings A through G constitute the oldest section of the Main Hospital Building constructed in 1926 and designed by John Reid, Jr., the City Architect from 1917 to

²⁰ *The American Architect* published an article detailing new fireproof school construction in San Francisco in 1929. Ambrose, William Clement. "Low Cost Fireproof School Construction of San Francisco," *The American Architect* (January, 1929) 135: 107-113.

²¹ "Honor Awards of the Northern California Chapter of AIA," *The Architect and Engineer* (June 1927) 89: 3, 42. *Who's Who on the Pacific Coast*, 1949.

1927. Wings K and L were added in 1928, and M and N (now called Wing O) in 1935. In 1940, a rectangular addition was built off the east end of the central hall. The structural system of the entire building was of reinforced concrete. The 1942 Sanborn Map indicates that the exterior walls were one-foot thick. Many interior walls were built of unreinforced clay tile. The exterior finish is integrally-colored cement plaster, which has been painted. The wings and central hall all have corbelled terra cotta coping below the tile roofs.

The horizontal massing of the western (front) facade of the Main Hospital Building is broken up by two four-story towers, a recessed entryway, and small projecting wings off the main wings. The front entry, in the center of the western facade, is heavily ornamented. The pair of doors is surrounded by a tall, arched panel of intricately molded terra cotta. Above the door is a frieze depicting a farmer and a seaman above a scroll with the words "*oro en paz - fierro en guerra*" (gold in peace, fire in war). On either side of the doors are tall pillars surmounted by ornate terra cotta urns. At the base of the brick entry steps are two light fixtures with detailed terra cotta bases. The parapet walls on either side of the front door have terra cotta coping and are pierced with rectangular groupings of terra cotta grills.

The wings are extremely long and narrow (approximately 25 feet wide). Roughly rectangular in shape, each ward has a semi-circular end piece, which is slightly narrower than the rest of the wing. These end sunrooms have narrow semi-circular stairwells running the height of the building on either side. The stair towers have small recessed openings. Windows on the main part of the wings have wood frames with a hopper sash at the bottom, a fixed upper sash, and a transom light above. Each section has three lights. The windows have simple terra cotta sills. Many of the windows on the fourth and fifth levels have painted iron grillwork mounted on the exterior.

The wings were originally designed for use as single, open wards with 20 to 30 beds each, but this arrangement no longer meets health codes. Most wards have been subdivided with a central hallway and small patient rooms and nurses' stations on either side. While necessary, to assist in meeting current hospital codes, this plan has resulted in cramped spaces and awkward circulation within the wards. The semi-circular sunrooms at the ends of each wing remain open. Those patients who are able are allowed to move about the hospital as they please. Many sit in the main hall or in the sunny passageways between ward buildings. On each floor, the central passageway functions as a circulation spine and social center of the Main Hospital Building.

The front lobby area is the most ornate public space in the Main Hospital Building. It has intricately patterned and colored tile wainscoting. Similar wainscoting appears in other spaces throughout the building, particularly in elevator lobbies, but nowhere else is it so intact. A small internal courtyard off the lobby has a goldfish pond lined with similar tile. Floors in the lobby area are integrally-colored, scored concrete, with areas of marble. It is likely that these floor materials were originally continued

throughout the hospital, but the floors are currently covered with linoleum in patient areas. Four recessed arches in the front hall contain a mural painted in the 1930s by Glenn Wessels in the social realism style. Each section depicts one of four elements—fire, earth, air, and water—as they are used in industry. They were painted in 1934, but covered some 20 years later in an attempt to brighten the lobby area. The paintings were uncovered and restored in 1981.

Over the years, there have been extensive internal alterations to the Main Hospital Building. Throughout the building, walls have been reconfigured, ceilings dropped, floor surfaces changed, and windows replaced, among other less visible alterations. Many renovations have been completed in an effort to meet health codes to the extent permitted by the building plan. Due to lack of funding, repairs and responses to changing programmatic and technical requirements have been addressed on an as-needed basis rather than as a comprehensive project.

Character-Defining Features: Main Hospital Building

- Central hall and wing floor plan
- Tower above main entry
- Round wing ends and stair towers
- Stuccoed facades
- Crenellated and classical detailing at wings
- Tile roofs
- Terra cotta coping
- Terra cotta details at main entry including light fixtures and urns
- Windows including wood hoppers and multi-light
- Main lobby, including tile and murals
- Courtyard and fountain

Conditions: Main Hospital Building

The most significant hindrance to the continued use of the Main Hospital Building is that it does not conform to current seismic, fire, and health care codes. The building, which retains its original reinforced concrete construction, is at risk of significant damage during an earthquake. The long, narrow configuration of the wards makes meeting current fire and health codes virtually impossible. Furthermore, in 1988, a survey of the roofs found a range of “fair to poor” conditions, and observed “long term deterioration...wind damaged tile, loose tile ready to fall, debris deformed gutters barely held in place, and unsealed counter flashings or no counter flashings. It was reported that tiles have fallen off...”²² Cracking and spalling of the exterior cement stucco is visible throughout the Main Hospital Building. A large patch of mold and other moisture-related damage is visible on the northern facade of

²² Technical Roof Services, Inc., 1988, as quoted in Kaplan McLaughlin Diaz, *Laguna Honda Hospital Master Plan*, 3.3.

the administration building, outside the former kitchen. The interior has been maintained with piecemeal upgrade and renovation projects over the years.

C4(b) Clarendon Hall

Clarendon Hall is the oldest extant building on the Laguna Honda hospital campus, constructed in 1908. Original drawings indicate that it was designed by the San Francisco Bureau of Architecture's City Architect, Newton Tharp. It was originally built as the primary hospital on the site. The roughly E-shaped plan of Clarendon Hall allowed for separate wings for male and female patients, operating and examination rooms, kitchen and dining halls, isolation wards for special cases, and facilities for nurses and other staff.

The three-story building sits at the crest of a steep incline facing south. Pedestrian access is via the bridge building or up a long concrete staircase from the parking lot on the floor of the valley. Vehicular access is via the bridge building or a driveway wrapping up and around the western side of Clarendon Hall. There is a small parking lot on the east side of Clarendon Hall and a few additional spaces to the rear. The main entry is under a simple projecting portico with an arched opening, projecting cornice, and parapet wall. Mosaic tile decorates the floor of the portico. The entry leads through the central pavilion (formerly administration building) down a small hallway and into the central block—an open public space on the ground floor. The main hall extends from either side of this block to the long wards that form the ends of the E.

The simplified Classical Revival style building is clad in cement stucco, painted in neutral tones. Each section has a hipped roof covered in red clay tile. Original drawings show ornate cresting on the roof of the central pavilion and more modest cresting on the side wings. This ornamentation is no longer present. A small tower housing toilet facilities is located near the center of each side wing, on the inner facade. These towers have glass skylight roofs, and originally had finials at the top. On the main wings, window bays are slightly recessed into the facade. Massive pilasters further delineate corner bays. The ground floor is separated from those above by a large projecting stringcourse encircling the building. Most windows are three single panes, one on top of the other, with a fixed top light (in most cases the top light has been painted over). On the ends of the outer wings, the bottom two lights are operable awning sashes; most other windows are double-hung sashes. Second-floor windows on the outer wing ends are shaped into wide arches. A frieze with a row of square plaques and round medallions spans the space between these arched windows and the base of the third floor windows.

The halls connecting the three wings appear highly transparent due to large window bays, which allow light to pass into and through the building. The ground-floor hall windows are arched like the second-floor windows at the wing ends. A renovation in the late 1970s included the addition of two

large painted metal exterior staircases, one at either end of the building. Windows were modified to provide emergency exits to these stairs.

Little, if any, original fabric remains on the interior of the building. Floors have been covered with linoleum, the original open wards divided into smaller rooms and hallways, and former dining, kitchen, and operating rooms converted into additional wards or public spaces. Food is delivered to Clarendon Hall from a central kitchen in the Main Hospital Building. Like other buildings on the property, Clarendon Hall has suffered from deferred maintenance and piecemeal alterations over the years. Earlier surveys indicate that the roof needs major work, and the building does not meet current seismic codes. However, as the oldest building on the property, and because it retains a high degree of exterior architectural integrity, Clarendon Hall is a major contributor to the significance and feeling of the Laguna Honda hospital campus.

Character-Defining Features: Clarendon Hall

- Tile roofs
- Stuccoed facades
- Windows, including wood double and tripartite double-hung and awing style
- Recessed window bays
- Pilasters
- Projecting string course
- Entry portico
- Tile work at entry
- Metal and glass skylights

Conditions: Clarendon Hall

Clarendon Hall, built of reinforced concrete construction, was significantly damaged in the 1989 earthquake, including structural separation of the walls, but has remained in operation. Structural safety concerns have led to three different studies to address feasible improvements. Another of the building's current major problems is its roof. A 1990 assessment found the roof to be in "extremely poor condition."²³ Lack of preventative roof maintenance has lead to numerous leaks and general deterioration of the roof. The exterior stairs added in the late 1970s renovation are in need of paint. Some cracking and spalling of the exterior stucco is visible in various places. The upper lights of several windows have been infilled or painted over to accommodate mechanical and ventilation equipment.

²³ Kaplan McLaughlin Diaz, 3.7.

C4(c) Bridge Building

Built in 1926, the aptly titled bridge building spans the valley between the Main Hospital Building and Clarendon Hall. Its roof is a narrow two-lane road, serving as the main vehicular connection between the two sides of the property. A stucco wall, approximately four feet high, runs along either side of the road, and a sidewalk is located on the west side. The reinforced-concrete building underneath the roadway is two stories high, and clad in stucco. A series of tall recessed arches along both sides of the building outline first- and second-floor windows. The windows are multi-paned wood frame, in a combination of operable hopper and casement sash. Pilasters divide the ground-floor windows into three groups within each arch. In the center of the bridge building, an arched opening connects the parking lot on the western side to the facilities buildings on the eastern side. The pass-through is an open driveway at ground level, with an open-air walkway crossing overhead at the second level.

The building appears to be in good condition, though the exterior stucco shows some signs of cracking and previous patches. The building does not meet current seismic standards. It appears that there have been few exterior alterations to the bridge building.

Character-Defining Features: Bridge Building

- Road above second floor
- Recessed window arches
- Multi-pane windows
- Pass-through

Conditions: Bridge Building

The 1988 Roof Condition Study found that the walls of the bridge building have cracks, which allow for water seepage, and recommended that the building be waterproofed. The cracking is likely aggravated by traffic over the roof structure. The building is also in need of exterior paint. Previous surveys have found a significant amount of asbestos present in the building, likely in the pipe insulation, window caulking, and roof insulation.

C4(d) Garage

The garage was built in 1912 with a later addition on the east end. The building is located on the southern side of the valley, just west of the bridge building. Built of reinforced concrete, it is painted to match the adjacent bridge building. The western half of the building is slightly deeper than the eastern addition, and from above one sees that the exterior wall of the original structure divides the roof into two sections. Both portions of the roof are flat and slope gently toward the hill at the back of the building. The east facade has three double-hung windows, set into arches like those of the bridge

building. The two-light upper sash windows remain, but the lower sash has been removed and filled in. The eastern half of the building has four tall wooden rolling garage doors on the north facade, facing the parking lot. The three wooden rolling doors in the western half (original section) are slightly shorter than the others, and the middle door has an elliptically arched header. A simple metal cornice surrounds the front and sides of the garage. The rear of the building, which backs up against the steep hillside, is not ornamented. The building appears to be in fair condition, and is not currently in use.

Character-Defining Features: Garage

- Garage doors
- Cornice
- Windows on east facade

Conditions: Garage

The garage appears to be in fair condition.

C4(e) Laundry

The hospital laundry may have been converted from a c. 1926 garage building on the same site. Records indicate that the laundry was built in 1926, but a 1928 Sanborn Map shows a garage in this location, at the northern side of the valley, just east of the bridge. The laundry is a tall, one-story, reinforced-concrete structure, and the pattern of the wooden form-work is still visible in the exterior concrete walls. The building is cut back along the western end of the south (front) facade to accommodate a covered loading and storage area. A large addition has been built at the south end of the laundry, and its walls are constructed of concrete masonry units with corrugated plastic siding above the base. The main portion of the laundry has a wide doorway in the center for deliveries, and a row of high multi-light windows, some with operable awning sashes. A small groove, which runs around all facades just below the cornice line, is the only ornamentation. Vents and other machinery project through former windows at various points, and several ladders have been attached to the facade to provide access to the large mechanical equipment on the roof.

Character-Defining Features: Laundry

- Concrete walls
- Multi-light awning windows
- Groove at cornice line

Conditions: Laundry

The laundry building appears to be in fair condition.

C4(f) Boiler House

A boiler house had been built prior to 1913 on the south side of the valley. Records indicate that the present building was constructed on the same site in 1926. The main part of the reinforced concrete building is two stories high. The peak of its hipped roof is off-center, closer to the front of the building. A one-story, flat-roofed portion projects from the front (north) of the plant, and a similar one-story section extends westward. Just uphill from the western wing are two large wooden water towers (no longer in use). Windows on the two-story portion of the plant are multi-light fixed sash, with an operable three-over-three awning sash at the top of each grouping. Windows on the front and side extensions are aluminum frame with a fixed upper and operable lower awning sash.

Character-Defining Features: Boiler House Conditions: Boiler House

The roof of the boiler house is in need of replacement due to age-related deterioration and improperly sealed holes for pipes. The building appears to be in good condition.

C4(g) Shop

The shop building was constructed in 1957. It is located north of the Main Hospital Building, just downhill from the greenhouse. It is a two-story, reinforced-concrete structure, set into the hillside. Due to the slope of the hill, the rear (east) entrance is at the second-floor level. The front (west) facade is set back so that the roof and sidewalls project several feet. There are two large groupings of multi-paned aluminum sash windows on each floor, some with operable awning sash. An entry door is cut into each of the two ground-floor window groupings on the front facade. The rear facade has a larger roof overhang, which is slightly tapered away from the body of the building. Windows at the rear match those on the front, and there is a single entry door toward the southern end of this facade.

Character-Defining Features: Shop

- Multi-pane aluminum windows
- Recessed facade

Conditions: Shop

The shop building appears to be in good condition.

C4(h) Greenhouse

Built in 1926, the current Laguna Honda hospital greenhouse is located on the northern side of the Main Hospital Building. Its entrance is at the west end, and the greenhouse extends eastward into the gentle slope of the hillside. The entry is a shallow Spanish Revival style stucco building, with a hipped

Spanish tile roof. A pair of doors with multi-pane top lights is centered on the west facade. Three windows on the south facade are two-over-two, wood-frame, double-hung sash. The glass greenhouse is located behind the stucco section, with a hipped roof to match that over the entry. The walls of the greenhouse have a concrete base, finished with stucco, with two double-hung glass panes above. The roof is entirely made of rectangular panes of fiberglass. The panes at the roof peak are operable, opening inward to allow for air circulation.

Character-Defining Features: Greenhouse

- Stucco entry with tile roof
- Glass skylight system

Conditions: Greenhouse

The greenhouse skylights are deteriorated and allow for water leakage. The skylights need to be repaired and/or replaced. The front stucco portion of the building appears to be in good condition.

C5. Evaluation of Historical Significance

Laguna Honda hospital, including the site and its associated buildings, is important as a record of the history of San Francisco's public health and elderly care services. It is architecturally significant for its large institutional buildings, particularly Classical Revival style Clarendon Hall, and John Reid, Jr.'s, Spanish Revival style Main Hospital Building. Clarendon Hall, built in 1908, was one of the first hospital buildings constructed after the 1906 earthquake and was built as a result of the increased demand for health services due to that disaster. It has continued to function as a hospital and elderly care center throughout its history. Reid's Main Hospital Building was constructed in 1926, and was subsequently expanded with finger-like wings designed to match the original.

A number of support buildings were constructed on the Laguna Honda site in the 1910s and 1920s, including the laundry, bridge building, boiler house, greenhouse, and garage. Designed and sited to be less prominent than the Main Hospital Building, these structures represent the support functions of the institution. These buildings contribute to the understanding of the Laguna Honda hospital site history and its operation as a large public hospital and health facility.

The first city Alms House was built on this property in the 1880s. At the time the site was well outside of the bustling city. The land around the hospital property was developed as an upscale residential area in the 1920s. The elegant design of the Main Hospital Building and Clarendon Hall and natural topographical separation from the nearby houses make Laguna Honda a contributor to the character of the Forest Hill neighborhood.

According to the records of the OHP, a 1992 FEMA survey found the Laguna Honda site eligible for listing on the NRHP as an historic district under criterion A, contribution to a broad pattern of events in history. The survey found that the Main Hospital Building was further eligible as individually significant under Criterion C, architectural significance. The other potential district contributors are Clarendon Hall, laundry, bridge building, boiler house, greenhouse, and garage. Correspondence between FEMA and the OHP from 1992 confirms these findings. Laguna Honda is not currently a San Francisco Landmark.

The October 2001 report, *Laguna Honda Hospital: Final Historic Background Report*, prepared for this EIR concurred with FEMA's findings of an NRHP eligible district, eligible at the local level under Criterion A and the eligibility of the Main Hospital Building under Criterion C of the NRHP. In addition, the preservation consultant found that Clarendon Hall is also individually significant under Criterion C for its association with prominent Bay Area architect Newton Tharp. See **Subsection D., Policy and Regulatory Framework**, below for a discussion of register eligibility requirements to list significant historical resources.

D. POLICY AND REGULATORY FRAMEWORK

D1. National Register of Historic Places

The NRHP is the nation's master inventory of known historic resources. The NRHP is administered by the National Park Service (NPS). The NRHP includes listings of buildings, structures, sites, objects, and districts that possess historic, architectural, engineering, archaeological, or cultural significance at the national, state, or local level.

Resources (structures, sites, buildings, districts, and objects) over 50 years of age can be listed on the NRHP. However, properties under 50 years of age that are of exceptional importance or are contributors to a district can also be included on the NRHP. This discussion is intended to be a brief summary of the criteria used to determine if a particular resource is eligible for listing on the NRHP. The following list of definitions is relevant to any discussion of the NRHP.

A structure is a work made up of interdependent and interrelated parts in a definite pattern of organization. Generally constructed by man, it is often an engineering object large in scale.

A site is defined as the location of a significant event, a prehistoric or historic occupation or activity, or a building or structure, whether standing, ruined, or vanished, where the location itself maintains historical or archaeological value regardless of the value of any existing structure.

Buildings are defined as structures created to shelter human activity.

A district is a geographically definable area—urban or rural, small or large—possessing a significant concentration, linkage, or continuity of sites, buildings, structures, and/or objects united by past events or aesthetically by plan or physical development. A district may also comprise individual elements separated geographically but linked by association or history.

An object is a material thing of functional, aesthetic, cultural, historical, or scientific value that may be, by nature or design, moveable yet related to a specific setting or environment.

There are four criteria under which a structure, site, building, district, or object can be considered significant for listing on the NRHP. These include resources that:

- A) are associated with events that have made a significant contribution to the broad patterns of history (such as a Civil War Battlefield or a Naval Ship Building Center);
- B) are associated with the lives of persons significant in our past (such as Thomas Jefferson's Monticello or the Susan B. Anthony Birthplace);
- C) embody the distinctive characteristics of a type, period, or method of construction, or that represent the work of a master, or that possess high artistic values, or that represent a significant and distinguishable entity whose components may lack individual distinction (such as Frank Lloyd Wright's Taliesin or the Midwestern Native American Indian Mounds);
- D) have yielded or may likely yield information important in prehistory or history (such as prehistoric ruins in Arizona or the archaeological sites of the first European settlements in St. Augustine, Florida, or at the Presidio of San Francisco).

A resource can be considered significant in American history, architecture, archaeology, engineering, and culture. Once a resource has been identified as significant and potentially eligible for the NRHP, its historic integrity must be evaluated. Integrity involves seven aspects: location, design, setting, materials, workmanship, feeling, and association. These aspects closely relate to the resource's significance and must be intact for NRHP eligibility.

When nominating a resource to the NRHP, one must evaluate and state the significance of that resource clearly. A resource can be individually eligible for listing on the NRHP for any of the above four criteria. A resource can also be listed as contributing to a group of resources that are listed on the NRHP. In other words, the resource is part of an historic district as defined above.

Districts are comprised of resources that are contributing and non-contributing. Some resources within the boundaries of the district may not meet the criteria for contributing to the historic character of the district but the resource is within the district boundaries.

D2. California Register of Historical Resources

The California Register of Historical Resources (CRHR) is the state's authoritative guide to significant California historical and archeological resources. The State Historical Resources Commission (SHRC) has designed this program for use by state and local agencies, private groups and citizens to identify, evaluate, register, and protect California's historical resources.

The CRHR program encourages public recognition and protection of resources of architectural, historical, archeological, and cultural significance, identifies historical resources for state and local planning purposes, determines eligibility for state historic preservation grant funding, and affords certain protections under CEQA.

Types of resources eligible for nomination for listing in the CRHR are buildings, sites, structures, objects, or historic districts. Properties on or formally determined eligible for the NRHP are automatically listed in the CRHR. An historical resource must be significant at the local, state, or national level under one or more of the following criteria for listing:

1. It is associated with events or patterns of events that have made a significant contribution to the broad patterns of local or regional history, or the cultural heritage of California or the United States; or
2. It is associated with the lives of persons important to local, California, or national history; or
3. It embodies the distinctive characteristics of a type, period, region, or method of construction, or represents the work of a master, or possesses high artistic values; or
4. It has yielded, or has the potential to yield, information important to the prehistory or history of the local area, state or the nation.

D2(a) Effects of Listing

Listing of an historical resource in the CRHR results in the following:

- Limited protection: Environmental review may be required under CEQA if the property is threatened by a project;
- The local assessor may enter into contract with the property owner for property tax reduction (pursuant to the Mills Act);
- The local building inspector must allow potential alternatives to complying with current code as provided under the State Historical Building Code; and
- The owner may place his or her own plaque or marker at the site of the resource.

D3. City of San Francisco Resources

D3(a) Draft Preservation Element of the San Francisco General Plan

The Preservation Element is a component of the *San Francisco General Plan (General Plan)*. Within the context of the *General Plan*, the Preservation Element sets forth the following goals, objectives and policies for historic preservation:

- *Assess Cultural Resources.* Maintain a complete inventory of important cultural resources and disseminate information important to the understanding of these resources;
- *Protect Cultural Resources.* Preserve significant cultural resources;
- *Use Preservation Incentives and Government Regulations.* Develop and apply preservation techniques available as part of local, state, and federal programs;
- *Provide Public Information and Education.* Foster public awareness and appreciation of San Francisco's cultural resources and support the City's economy by encouraging tourism and attracting development and investment based on these cultural resources; and
- *Promote Sustainability.* Recognize the environmental values of San Francisco's built environment.

Preservation objectives and policies are included throughout the *General Plan's* Elements and Area Plans. Objectives and policies explicitly regarding the preservation of historic resources are contained in the following *General Plan* Elements: Air Quality, Arts, Commerce and Industry, Community Safety, Recreation and Open Space, Residence, Transportation, and Urban Design.

Project review is required for both individually eligible buildings and buildings within the downtown historic district. Such projects must meet *The Secretary of the Interior's Standards for Rehabilitation*. Additionally, the Article 10 of the San Francisco Planning Code notes that routine maintenance of historically significant resources prevents deliberate or inadvertent neglect of historic features. Under the *General Plan*, demolition is allowable only when there are issues of health and public safety.

Historic Districts

According to Policy 2.2 (Draft) of the Preservation Element of the *General Plan*, "As new Historic or Conservation districts are created, the regulation of nearby development should be consistent with the goals of the district. Height, bulk, and density controls should assure that new infill development is compatible with the existing character of the district. In addition, land use and zoning incentives should be considered to protect and revitalize such districts. Standards for review reflecting the unique

characteristics of each historic or conservation district should be included in the designating ordinance for each district.”

The project site is not currently within a City-designated historic or conservation district. None of the adjacent areas fall within an historic district; however they have not been assessed and thus could be potentially eligible.

D3(b) San Francisco Planning Code and The Landmarks Preservation Advisory Board

The purpose of the preservation of historical, architectural, and aesthetic landmarks as defined by Article 10 of the San Francisco Planning Code is to prevent the unnecessary destruction of these resources and to encourage the reuse of these valuable resources. The Planning Code spells out that the prevention of such needless destruction and impairment is essential to the health, safety, and general welfare of the citizens of San Francisco.

The Landmarks Preservation Advisory Board (LPAB) advises the Department of City Planning and the Planning Commission on historical preservation matters.

The Laguna Honda hospital campus is not currently a San Francisco Landmark or Historic District. The campus, however may meet the criteria for a San Francisco Landmark or Historic District. According to the Planning Code, an historic district may be designated by the Board of Supervisors if it has, “special character or special historical, architectural or aesthetic interest or value, and constituting a distinct section of the city.” The Laguna Honda hospital campus has special historical value because of its role in the development of health care in San Francisco. Additionally, the Main Hospital Building and Clarendon Hall have special aesthetic interest for their association with prominent Bay Area architects Newton Tharp and John Reid, Jr. The hospital is a defined group of buildings on a single property, and therefore forms a distinct section of the city. The hospital complex may meet the requirements of the Planning Code and may be potentially eligible as a San Francisco Landmark or Historic District.

E. PROJECT IMPACTS

E1. Significance Thresholds

To determine whether cultural resources could be significantly affected for CEQA purposes, the significance of the resource itself must first be determined.

E1(a) Historical Resources

Pursuant to Section 15064.5 of the *CEQA Guidelines*, an historical resource is presumed significant if it is listed on the CRHR or has been determined to be eligible for listing by the SHRC. An historical resource may also be considered significant if the lead agency determines, based on substantial evidence, that the resource meets the criteria for inclusion in the CRHR. The criteria are as follows:

1. Is associated with events that have made a significant contribution to the broad patterns of California's history and cultural heritage;
2. Is associated with lives of persons important in our past;
3. Embodies the distinctive characteristics of a type, period, region, or method of construction, or represents the work of an important creative individual, or possesses high artistic values; or
4. Has yielded, or may be likely to yield, information important in prehistory or history.

CEQA also contains additional guidelines for defining an historical resource:

- California properties formally determined eligible for, or listed in the NRHP (Section 5024.1.d.1);
- those resources included in a local register of historical resources, as defined in Section 5020.1(k) of the *Public Resources Code*, or identified as significant in an historical resources survey meeting the requirements of Section 5024.1(g) of the *Public Resources Code*;
- those resources that a lead agency determines to be historically significant (generally, if it meets criteria for listing on the CRHC), provided the determination is supported by substantial evidence; or
- those resources a local agency believes are historical for more broadly defined reasons than identified in the preceding criteria.

E2. Impact Criteria

Section 15065 of the *CEQA Guidelines* mandates a finding of significance if a project would eliminate important examples of major periods of California history or prehistory.

In addition, pursuant to Section 15064.5 of the *CEQA Guidelines*, a project could have a significant effect on the environment if it "may cause a substantial adverse change in the significance of an historical resource." A "substantial adverse change" means "physical demolition, destruction, relocation, or alteration of the resource or its immediate surroundings such that the significance of an historical resource is impaired." Material impairment means altering "in an adverse manner those

characteristics of an historical resource that convey its historical significance and its eligibility for inclusion in the California Register of Historical Resources.”

Impacts to historical resources not determined to be significant according to any of the significance criteria described above are not considered significant for the purposes of CEQA.

Generally, under CEQA, a project that follows The Secretary of the Interior’s Standards for the Treatment of Historic Properties with Guidelines for Preserving, Rehabilitating, Restoring, and Reconstructing Historic Buildings or The Secretary of Interior’s Standards for Rehabilitation and Guidelines for Rehabilitating Historic Structures is considered to have mitigated impacts to an historical resource to a less-than-significant level (CEQA Guidelines 15064.5). Section 15126.4 (b)(2) of the CEQA Guidelines notes that in some circumstances, documentation of an historical resource may not mitigate the effects to a less-than-significant level.

E3. Impacts of the Proposed Project

As described above, the Laguna Honda hospital campus is considered a significant historic resource under CEQA because it has been determined eligible for the NRHP as an historic district and, therefore, by default, the CRHC. The hospital is significant for its role in the development of health care in San Francisco. Additionally, the Main Hospital Building and Clarendon Hall appear to be significant under Criterion C for their association with prominent Bay Area architects Newton Tharp and John Reid, Jr. The proposed project would result in the complete demolition of Clarendon Hall, the bridge building, garage, laundry, boiler house, shop, and greenhouse, and the partial demolition of the Main Hospital Building except Wings A, B, C, and H. Several of the smaller buildings—the Shop, garage, laundry, boiler house, and greenhouse could be demolished without significantly affecting the district. However, the demolition of Clarendon Hall, the bridge building, and major portions of the Main Hospital Building would result in substantial adverse change in the significance of the historic district. Further, the demolition of the majority of the Main Hospital Building and the entire removal of Clarendon Hall would significantly affect these individual resources.

F. CUMULATIVE IMPACTS

Impacts to historic architectural resources tend to be site-specific and are assessed on a site-by-site basis. However, a cumulative impact to historic architectural resources could result from the incremental impact of the proposed project when added to other closely related past, present, or reasonably foreseeable, future projects. The Laguna Honda hospital campus is one of the few remaining historic hospitals in San Francisco and is significant historic representation of the public health care in the City. The only other closely related past, present, or reasonably foreseeable future project in San

Francisco that involves a historic hospital is the recently approved adaptive reuse, rehabilitation, and expansion of the Shriner's Temple Building as a senior assisted living facility and construction of 82 dwelling units on the hospital site. The Shriner's Hospital for Crippled Children was built in 1923 on 19th Avenue in San Francisco. The original hospital building is now referred to as the Temple Building. The Temple Building and northern portion of the hospital site are City Landmark No. 221. The San Francisco Planning Department prepared an Initial Study on the Shriner's project and determined that the adaptive reuse of the Temple Building would not result in a significant impact to the City Landmark and issued a Negative Declaration on the project.

Because the City Landmark Temple Building of the original Shriner's Hospital is not being significantly affected, impacts to historic architectural resources from the proposed Laguna Honda hospital replacement project would not contribute to a significant cumulative impact historic health care facilities in San Francisco.



A. SUMMARY

A Phase I Environmental Site Assessment was conducted for the Laguna Honda hospital complex to determine the extent to which hazardous materials and/or wastes may be present on the complex. Aerial photographs were reviewed, agency databases were searched, and a site visit was conducted. It was determined that asbestos-containing materials are present on site and lead-based paint is likely to be present. Because the project sponsor would be required to comply with existing rules and regulations pertaining to the removal and disposal of asbestos and lead-based paint, no significant impacts regarding those materials are identified.

Site records indicate the potential former presence of up to three incinerators. Hazardous material releases may have occurred in the vicinity of the incinerators. Historical and existing underground storage tank locations were identified which may be sources of potential contamination. Construction workers may encounter soil and/or groundwater contamination during site preparation activities, potentially exposing them and the public to hazardous substances. This is considered a potentially significant impact. The project sponsor has agreed to implement mitigation measures that are described in Section 4.0, Mitigation Measures, which would reduce this impact to a less-than-significant level.

The Initial Study conducted for this project determined that the proposed project would not interfere with execution of any emergency response plans or increase the risk of fire hazards (see Appendix 1.0). Therefore, those topics are not addressed further in this EIR.

B. INTRODUCTION

This section addresses the potential impacts associated with hazardous building materials, hazardous materials use and storage, hazardous waste generation and storage, and soil and groundwater contamination that may result from implementation of the proposed project.

A number of properties may cause a substance to be to be considered hazardous, including toxicity, ignitability, corrosivity, or reactivity. According to the State of California, a hazardous material is defined as:

"a substance or combination of substances which, because of its quantity, concentration, or physical, chemical or infectious characteristics, may either: 1) cause, or significantly contribute to, an increase in mortality or an increase in serious irreversible, or incapacitating irreversible illness; or 2) pose a substantial present or potential hazard to human health or environment when improperly treated, stored, transported, or disposed of or otherwise managed."

This section is based on the *Laguna Honda Hospital Draft Final Phase I Environmental Site Assessment* (Weiss Associates 2000).¹

C. EXISTING CONDITIONS

C1. Hazardous Building Materials

Existing structures on the project site may contain hazardous materials, such as asbestos, lead, mercury, or other hazardous materials. In the past, asbestos, polychlorinated biphenyls (PCBs), and lead were commonly installed in insulation, floor tiles, roofing tar, electrical transformers, fluorescent light ballasts, and paint. Mercury is common in electrical switches and fluorescent light bulbs. Comprehensive testing of existing structures for the presence of hazardous materials has not been conducted; however, selected sampling has confirmed the presence of asbestos-containing materials and lead-based paint in at least some of the existing buildings.

C2. Hazardous Materials Use and Storage

Hazardous materials are used and stored at various locations throughout the Laguna Honda hospital complex. These materials consist mostly of oils, lubricants, fuels (gasoline and diesel), boiler water chemicals, chemicals used for x-rays, paints, cleaners, insecticides, and pesticides. They are stored throughout the complex in the Main Hospital Building, Clarendon Hall, the bridge building, power plant, garage, and various shop buildings. These materials are generally stored in small quantities (one- to five-gallon containers), although 30-gallon containers of herbicides are stored in the Gardener's shop and 55-gallon drums of gear oils are stored near the power plant. They are used to operate and maintain the power plant, maintain other onsite equipment, and for building and grounds upkeep.

In addition, there are some underground storage tanks (USTs) and aboveground storage tanks (ASTs) onsite that store hazardous materials. There is one 5,000-gallon UST east of the power plant that is used to store gasoline. Two 15,000-gallon USTs that store diesel fuel are located between the power plant and the laundry. Three 1,000-gallon ASTs are used to store propane located in a fenced enclosure in the valley area to the east of the 5,000-gallon gasoline UST. Two former 10,000-gallon single-wall diesel USTs located north of the power plant were abandoned in place. There also was a former UST beneath the garage that was used to store used oil and there were three former gasoline USTs along the south wall of the laundry. No records are available that document whether these tanks were removed or abandoned in place.

¹ This report is available for review by appointment at the San Francisco Planning Department, 1660 Mission Street, 5th Floor, as part of Case No. 2000.005E.

C3. Medical and Hazardous Waste Generation and Storage

The Laguna Honda hospital complex generates approximately 25 to 50 tons of medical and hazardous waste each year and is considered to be a large quantity generator of federal hazardous waste. Medical waste is generated throughout the complex from various medical processes. Medical wastes are double-bagged in red bio-hazard bags and placed in plastic garbage cans awaiting pick-up. The pick-up service comes to the complex every three days. In between pick-ups, medical waste is stored in the following locations:

- Clarendon Hall, medical waste storage room; and
- Main Hospital Building, medical waste storage room.

Hazardous wastes generated onsite are stored in the following locations:

- Clarendon Valley, hazardous waste storage area (paint containers, batteries, asbestos, and absorbents);
- Power Plant, waste oil storage area (waste oil is stored in 55-gallon drums); and
- Power Plant, machine shop (used solvent is stored in an above ground tank).

Hazardous waste transportation and disposal contractors remove the waste from each storage area every 90 days. Laguna Honda hospital is allowed to generate and store hazardous wastes for periods up to 90 days under a Compliance Certificate from San Francisco Department of Public Health, Hazardous Materials Unified Program Agency.

C4. Soil and Groundwater Contamination

No known areas of soil or groundwater contamination exist at the project site. As stated above, the project site contains several former and present USTs and ASTs. During the abandonment-in-place of two diesel USTs located in the Clarendon Valley area of the site, soil borings were completed near the tanks. The soil samples collected contained benzene, toluene, ethyl benzene, and total xylenes at levels that were at or below the analytical laboratory's detection thresholds. No remediation activities were recommended or are required for this area. Suspected areas of soil and groundwater contamination have been identified due to the presence of other former and present storage tanks on the site, particularly a former underground sump or tank in the northeastern bay of the garage and three former gasoline USTs located south of the laundry building. In addition, the active gasoline underground storage tank, located east of the power plant, has the potential to have released methyl tertiary-butyl ether (MTBE) in the soil.

Three incinerators are suspected to have existed onsite at the following locations: Main Hospital Building, Wing M, Level 3; the area between the current Clarendon Valley hazardous waste storage area and the power plant; and, the area northeast of the Clarendon Hall parking lot. There are no records as to how the incinerators were operated, what was incinerated in them, or how they were closed and dismantled.

However, depending on what was incinerated and how they were operated, there is the potential for semi-volatile organic compounds and metals to be present in soils in the vicinity of these former incinerators.

Groundwater occurs at depths between 30 to 40 feet below ground surface at the project site.

D. SIGNIFICANCE THRESHOLDS

As evaluated in this EIR, the project would have a significant impact if it would create a potential public health hazard or involve the use, production, or disposal of materials that pose a hazard to people or animal or plant populations in the area affected.

E. PROJECT IMPACTS

E1. Hazardous Building Materials

E1(a) Asbestos

The proposed project would involve the demolition of most of the existing structures on the site, which may contain friable asbestos. Inadvertent releases of friable asbestos could expose construction workers, employees, residents, or visitors to this hazardous material, which could result in various adverse health effects in exposure were of sufficient quantity. However, the project sponsor would comply with regulations and guidelines pertaining to abatement of and protection from exposure to asbestos. Section 19827.5 of the California Health and Safety Code, adopted January 1, 1991, requires that local agencies not issue demolition or alteration permits until an applicant has demonstrated compliance with notification requirements under applicable federal regulations regarding hazardous air pollutants, including asbestos. The Bay Area Air Quality Management District (BAAQMD) is vested by the California legislature with authority to regulate airborne pollutants, including asbestos, through both inspection and law enforcement, and is to be notified ten days in advance of any proposed demolition or abatement work.

Notification includes the names and addresses of operations and persons responsible; description and location of the structure to be demolished/ altered including size, age and prior use, and the approximate amount of friable asbestos; scheduled starting and completion dates of demolition or abatement; nature of planned work and methods to be employed; procedures to be employed to meet BAAQMD requirements; and the name and location of the waste disposal site to be used. The District randomly inspects asbestos removal operations. In addition, the District will inspect any removal operation for which a complaint has been received.

The local office of the State Occupational Safety and Health Administration (OSHA) must be notified of asbestos abatement to be carried out. Asbestos abatement contractors must follow state regulations contained in Title 8, Sections 341.6 through 341.14, and Section 1529 of the California Code of Regulations

where there is asbestos-related work involving 100 square feet or more of asbestos-containing material. Asbestos removal contractors must be certified as such by the Contractors Licensing Board of the State of California. The owner of the property where abatement is to occur must have a Hazardous Waste Generator Number assigned by and registered with the Office of the California Department of Health Services in Sacramento. The contractor and hauler of the material is required to file a Hazardous Waste Manifest which details the hauling of the material from the site and its disposal. Pursuant to California law, the Department of Building Inspection (DBI) would not issue the required permit until the applicant has complied with the notice requirements described above. These regulations and procedures, already established as a part of the permit review process, would ensure that any potential impacts due to asbestos would be reduced to less than significant.

E1(b) Lead-Based Paint

The proposed project includes demolition of structures that may contain lead-based paint. Inadvertent releases of lead-based paint could expose construction workers, employees, residents, or visitors to this hazardous material, which could result in various adverse health effects if exposure were of sufficient quantity. However, the project sponsor would comply with effects if exposure were of sufficient quantity. However, the project sponsor would comply with regulations and guidelines pertaining to abatement of and protection from exposure to asbestos. Demolition must comply with Chapter 36 of the San Francisco Building Code, Work Practices for Exterior Lead-Based Paint. Where there is any work that may disturb or remove lead-based paint on the exterior of any building built prior to December 31, 1978, Chapter 36 requires specific notification and work standards, and identifies prohibited work methods and penalties.

Chapter 36 applies to buildings or steel structures on which original construction was completed prior to 1979 (which are assumed to have lead-based paint on their surfaces), where more than ten total square feet of lead-based paint would be disturbed or removed. The ordinance contains performance standards, including establishment of containment barriers, at least as effective at protecting human health and the environment as those in the U.S. Department of Housing and Urban Development Guidelines (the most recent Guidelines for Evaluation and Control of Lead-Based Paint Hazards) and identifies prohibited practices that may not be used in disturbance or removal of lead-based paint. Any person performing work subject to the ordinance shall make all reasonable efforts to prevent migration of lead paint contaminants beyond containment barriers during the course of the work, and any person performing regulated work shall make all reasonable efforts to remove all visible lead paint contaminants from all regulated areas of the property prior to completion of the work.

The ordinance also specifies notification requirements, contents of notice, and requirements for signs. Notification includes notifying bidders for the work of any paint-inspection reports verifying the presence or absence of lead-based paint in the regulated area of the proposed project. Prior to commencement of work, the responsible party must provide written notice to the Director of the DBI of the location of the project; the nature and approximate square footage of the painted surface being

disturbed and/or removed; anticipated job start and completion dates for the work; whether the responsible party has reason to know or presume that lead-based paint is present; whether the building is residential or nonresidential, owner-occupied or rental property, and the approximate number of dwelling units, if any; the dates by which the responsible party has or will fulfill any tenant or adjacent property notification requirements; and the name, address, telephone number, and pager number of the party who will perform the work. (Further notice requirements include Sign When Containment is Required, Notice by Landlord, Required Notice to Tenants, Availability of Pamphlet related to protection from lead in the home, Notice by Contractor, Early Commencement of Work [by Owner, Requested by Tenant], and Notice of Lead Contaminated Dust or Soil, if applicable.) The ordinance contains provisions regarding inspection and sampling for compliance by DBI, and enforcement, and describes penalties for non-compliance with the requirements of the ordinance. These regulations and procedures of the San Francisco Building Code would ensure that potential impacts of demolition, due to lead-based paint, would be reduced to a less-than-significant level.

E1(c) Other Hazardous Building Materials

The proposed project includes demolition of structures that may contain PCBs and mercury. Inadvertent release of such materials could expose construction workers, occupants, or visitors to these substances, which could result in various adverse health effects if exposure were of sufficient quantity. Although abatement programs similar to those described for asbestos and lead-based paint have not been adopted for PCB and mercury testing and cleanup, items containing PCBs and mercury that are intended for disposal must be managed as hazardous waste and must be handled in accordance with OSHA worker protection requirements. Nonetheless, potential impacts associated with PCBs and mercury in structures would be considered potentially significant.

Hazardous building materials sampling and abatement, as described in **Section 4.0, Mitigation Measures**, would reduce potential impacts associated with PCBs and mercury in structures to a less-than-significant level.

E2. Hazardous Materials Use and Storage

It is likely that, under the proposed project, the same types and amounts of hazardous materials as those under existing operations would be used and stored onsite. Since most of the existing buildings would be demolished, and the remaining buildings, or portions of buildings, would be renovated, the areas where hazardous materials are stored would change. New storage areas would be constructed in accordance with current laws and regulations, which would require that hazardous materials be stored in such a manner as to minimize their exposure to people or the environment. The use of hazardous materials at the complex would be regulated under the authority of the San Francisco Department of Public Health, Hazardous Materials Unified Program Agency under a Compliance Certificate. The Department of Public Health would conduct periodic inspections to ensure that hazardous materials are being used and

stored properly. Therefore, hazardous materials use and storage impacts from the project would be less than significant.

E3. Medical and Hazardous Waste Generation and Storage

The same amounts and types of hazardous wastes that are presently generated onsite would continue to be generated under the proposed project. The location of the storage areas would likely change. New storage areas would be constructed in accordance with current laws and regulations, which would require that hazardous wastes be stored in such a manner as to minimize their exposure to people or the environment. The generation and storage of hazardous wastes at the complex would be regulated under the authority of the San Francisco Department of Public Health, Hazardous Materials Unified Program Agency under a Compliance Certificate. The Department of Public Health would conduct periodic inspections to ensure that hazardous wastes are being stored properly and are not kept onsite for more than 90 days. Therefore, hazardous waste generation and storage impacts from the project would be less than significant.

E4. Soil and Groundwater Contamination

It is anticipated that the deepest cut made during site grading would be approximately 10 to 15 feet below ground surface. Holes would be drilled to a depth of approximately 25 feet for piers in some places for foundation support. Since groundwater occurs on the site at depths between 30 to 40 feet below ground surface, it is unlikely that groundwater would be encountered during site grading activities.

Under the proposed project, approximately 11,000 cubic yards of soil would be excavated and spread onsite. Proposed site development activities could result in disturbance of areas of suspected soil contamination. There is also a possibility of encountering contamination in areas not previously suspected to be contaminated. Disturbance of contaminated areas could expose construction workers, employees, residents, or visitors to these substances, which could result in adverse health effects if exposure were of sufficient quantities. Suspected areas of soil contamination are those areas where the two outside incinerators and the former USTs were located. One of the former incinerators was located to the east of the proposed Link Building and south of the proposed childcare playground. The other outdoor incinerator was located to the east of the proposed new Clarendon Hill East Building. Most of the former USTs were located between the proposed new Link Building, the proposed new greenhouse, and the childcare playground. The presently used USTs are also in this vicinity of the project site. The potential to encounter contaminated soil during site grading and exposing construction worker and other people to contaminants is considered a significant impact. Mitigation measures are recommended in **Section 4.0, Mitigation Measures** that would reduce this impact to a less-than-significant level.

Site remediation measures in themselves could have impacts. During site remediation, workers, and possible the public, could be exposed to chemical compounds in the soil, soil gases, or groundwater. The

public and the environment could be exposed to airborne chemical compounds migrating from a site under remediation. Accidents during transportation of contaminated soils and/or groundwater could lead to exposure of the public and the environment to the chemical compounds. Potential impacts of remediation would be mitigated, in part, by legally required safety and hazardous waste handling and transportation precautions. These measures, along with application of clean-up standards, would serve to protect human health and the environment during site remediation, thus minimizing remediation impacts to below a significant level.

F. CUMULATIVE IMPACTS

The proposed project would result in potentially significant impacts associated with hazardous building materials and soil and groundwater contamination. The geographic extent of these impacts would be limited to the project site. The proposed project, therefore, could not potentially contribute to cumulative hazards impacts that may occur beyond the project boundary. Furthermore, there are no past, present, or reasonably foreseeable future projects in the project vicinity that are anticipated to result in impacts associated with hazardous building materials or soil and groundwater contamination that could affect the project site. For these reasons, the proposed project would not contribute to a significant cumulative impact associated with hazards.

A. SUMMARY

The Initial Study for the proposed project found impacts related to shadow to be less than significant. Some components of the project design were modified after the publication of the Draft EIR. A preliminary shadow analysis of the revised project, conducted by the San Francisco Planning Department, indicated that the proposed Clarendon Hill buildings would cast shadow on the adjacent Midtown Terrace Park during the winter months. Given that the park is a San Francisco Recreation and Park Department property, a detailed shadow analysis was conducted for the proposed project to comply with Section 295 of the Planning Code. The analysis indicated that the project would cast a shadow on the park during approximately two months of the winter, resulting in about a 0.007 percent reduction in sunlight square foot hours on the park. The intrusion of shadow from the proposed buildings would be low compared to the available sunlight to the park, and a majority of the shadow would be cast on the tree-covered and non-public parts of the park. The San Francisco Planning Department has reviewed the detailed shadow analysis prepared for the proposed project and has determined that the shadow impacts would not be significant or adverse.

B. INTRODUCTION

Section 295 of the San Francisco Planning Code was adopted in response to Proposition K (passed in November 1984) in order to protect public open spaces from shadowing by new structures during the period between one hour after sunrise and one hour before sunset, year-round. Section 295 restricts new shadow upon public open spaces under the jurisdiction of the Recreation and Park Department by any structures exceeding 40 feet unless the City Planning Commission, in consultation with the General Manager of the Recreation and Park Department, finds the impact to be insignificant.

The proposed hospital buildings would vary from five to seven stories high, with heights of up to 86.5 feet, and the new assisted living facility would be approximately four stories high, with heights of about 50 feet. Therefore, these buildings are subject to the Proposition K requirements.

C. EXISTING CONDITIONS

C1. Existing Shadow Environment

The undeveloped portions of the Laguna Honda hospital campus are in public open space uses. However, the open space area on the campus is not under the jurisdiction of the San Francisco Recreation

and Park Department.

Public open spaces near the Laguna Honda hospital campus include the Midtown Terrace Park northeast of the campus on Olympia Way; the Interior Park Belt, north of the Midtown Terrace neighborhood; Mount Davidson Park, about one-half mile south of the campus; Sunset Heights Park and Hawk Hill Park, about one-half mile west of the campus; Twin Peaks Park, about one-half mile east of the campus; and a small park at the corner of Laguna Honda Boulevard and Vasquez Avenue, just south of the campus. The Interior Park Belt, Mount Davidson Park, part of Twin Peaks Park, and Midtown Terrace Park are under the jurisdiction of the Recreation and Park Department.¹

Structures on the hospital campus mainly include the Main Hospital Building and Clarendon Hall. The Main Hospital is five stories high and the Clarendon Hall building is three stories high. All other remaining structures on the hospital campus are low in height and do not cast substantial shadow.

D. PROJECT IMPACTS

D1. Significance Criteria

As noted previously, Section 295 of the Planning Code restricts shadow upon public open spaces under the jurisdiction of the Recreation and Park Department by any structure exceeding 40 feet unless the Planning Commission finds the impact to be insignificant. The proposed buildings would exceed a height of 40 feet and are therefore subject to Proposition K.

In addition, Section 147 of the Planning Code states that any new development in a C-3 district should be shaped, consistent with the dictates of good design and without unduly restricting the development potential of the site in question, to reduce the substantial shadow impacts on public plazas and publicly accessible spaces. Factors to be taken into account in the determination of shadow impacts include the amount of open space area shadowed, the duration of the shadow, and the importance of sunlight to the utility of the type of open space being shadowed.

The hospital campus is located within the P (Public Use) zoning district. Therefore, the proposed project would not be subject to Section 147 of the Planning Code. However, the guidelines specified under Section 147 were generally applied to determine the environmental significance of the shadow effects of the project.

¹ Morlin, Mike, Assistant Superintendent of Parks, San Francisco Recreation and Park Department, personal communication, January 26, 2001.

D2. Impacts of the Proposed Project

Based on a preliminary shadow fan analysis conducted by the San Francisco Planning Department, the proposed Clarendon Hill East and West buildings would cast a shadow on the adjacent Midtown Terrace Park during the winter afternoons when the sun is lowest in the sky. No other shadow would be cast upon open spaces under the jurisdiction of the Recreation and Park Department within the vicinity of the hospital campus during the solar year. Currently, the existing hospital structures do not cast a shadow on the Midtown Terrace Park. Given this, a detailed shadow analysis was conducted to determine the shading impacts of the proposed project on the Midtown Terrace Park during the winter solstice (December 21) when the sun is at its greatest distance from the equator and the day is shortest.

The approximately 525,106 square-foot Midtown Terrace Park is shown in **Figure 3.7-1, Proposed Project and Midtown Terrace Park**. The southeastern portion of the park includes a community building, a sand surface play equipment area, a landscaped area with footpaths, and a grass field. The community building and play equipment area are used regularly for recreation uses and the grass area is used for picnics. These recreational uses encompass about 150,000 square feet of the park. The remaining park area includes tree-covered areas near the southern park boundary and a reservoir in the northern portion of the park. The recreational facilities provided in the park are regularly used by the public.

D2(a) Study Methodology

The shadow impacts of the proposed buildings on Midtown Terrace Park were estimated using computer modeling to determine the pattern of shadow progression and the overall period of park shadowing on selected days.² The daily pattern was determined from shadows cast at one-minute intervals on December 21, the day with the most extensive shadows as the sun is at its southernmost point in the sky. Two additional days, November 26 and December 11, were selected to confirm the daily pattern. On these two days, a shadow was cast at three-minute and five-minute intervals, respectively. The study was conducted using 3D Studio Max shadow-casting software and a computer model of the hospital campus and proposed buildings. Areas of shadow were calculated using Auto CAD Release 14. The computer model was developed from aerial and ground surveys, project plans, aerial photography, Olympia Way curb elevations, and a site survey of a portion of the park in relation to curb elevations. The shadow consultant conducted an independent check of key shadows to verify the results of the computer-modeling program. Shadows were cast to determine the first and last days of the year that

² The modeling was conducted for the proposed Clarendon Hill West and East Buildings since these are the buildings that would result in a shadow on the adjacent Midtown Terrace Park.

project shadows would reach the park and the first minute when shadows would reach the park during each day of the incursion period.

D2(b) Findings

Figure 3.7-2, Shadow Projections: December 21, 3:54 PM, shows the project-generated shadow on December 21, the day with the most extensive shadow, thus representing the “worst case.” As illustrated on the figure, the shadows from the proposed structures would be cast on Olympia Way and within the southern part of Midtown Terrace Park. Approximately two-thirds of the shadow would occur in the area east of the grass field, an area that contains utility buildings and a service access road. The remaining shadow would occur on a portion of the grass area east of the community building and playground equipment. The shadow from the proposed structures would not fall on the community building, the playground equipment, or the landscaped area of the park.

The results of the study indicate that shadow from the proposed project would first occur in the park on November 17, would reach a maximum on December 21, and would not completely diminish until January 23. The proposed project would not cast a shadow on the park from January 24 through November 16. The results of the study also indicate that the duration of shadowing on November 17 and January 23 would be less than one minute. On December 21, the regulated shadow cast on the park would last for 17 minutes, from 3:37 PM until 3:54 PM, one hour before sunset.

The San Francisco Recreation and Park Commission has not established an allowable increment of new shadow for Midtown Terrace Park. Therefore, the number of shadow square-foot hours per year that the proposed buildings would generate was compared to the park’s total sunlight square-foot hour availability to quantify the impacts of the proposed project.

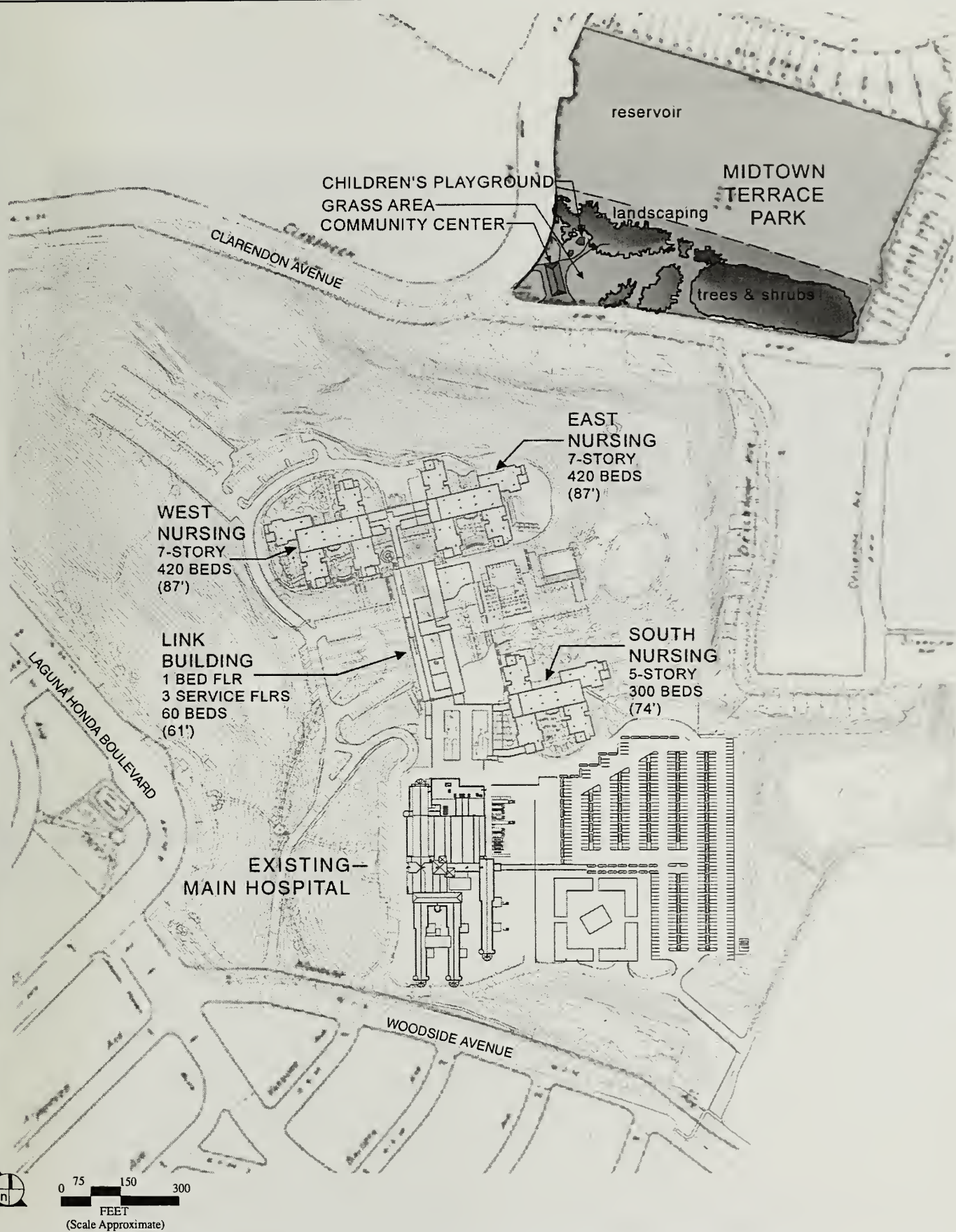
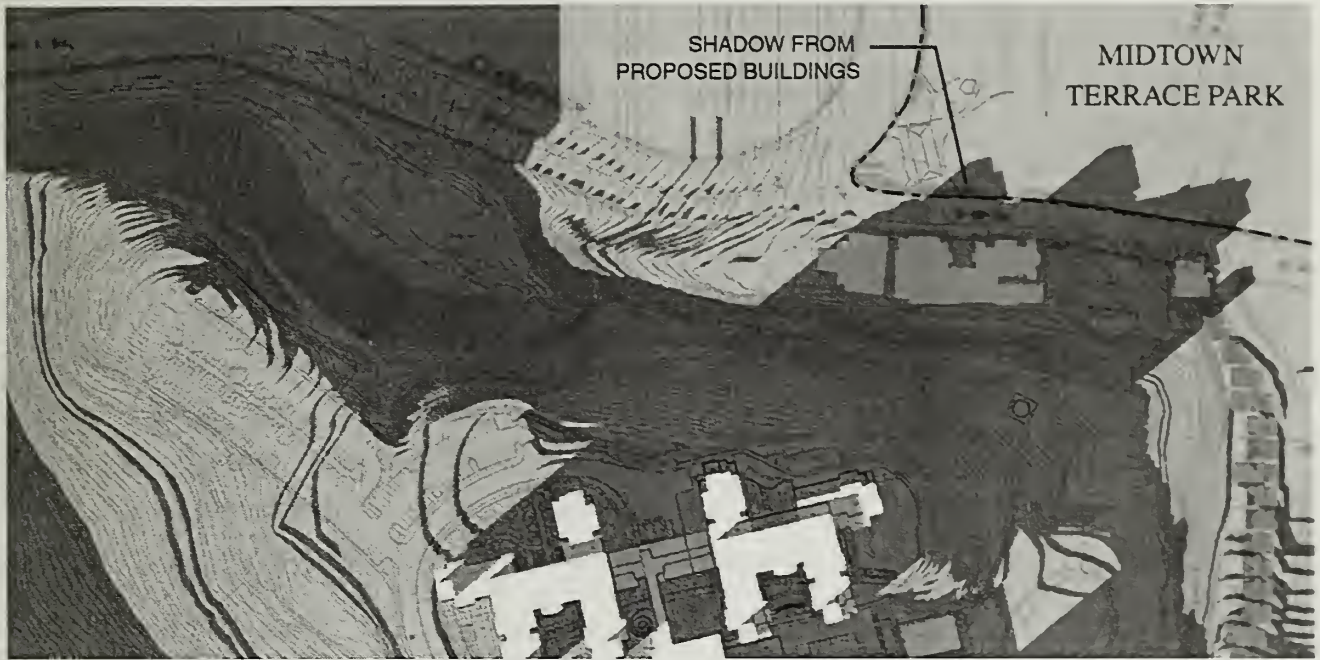


FIGURE 3.7-1

Proposed Project and Midtown Terrace Park

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SOURCE: Anshen+ Allen Architects

FIGURE **3.7-2**

Shadow Projections: December 21, 3.54 PM, PST

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Under Proposition K, the number of sunlight hours available during one solar year is 3,721.4 hours. Since the park has no significant pre-existing shadows from buildings, the maximum number of square foot hours of available sunlight is 3,721.4 hours times the area of the park, 525,106 square feet, for a total of about 1.95 million available sunlight square-foot hours. The percent change in sunlight square-foot hours is calculated by dividing the shadow square-foot hours resulting from the project by the park's total sunlight square foot hours. Based on the sum of maximum shadow³ areas cast each day over the course of the year, about 138,000 shadow square foot hours, shadowing from the proposed project would result in about a 0.007 percent reduction in sunlight square foot-hours to the park.

In addition to the above results, a minute-by-minute determination was performed for the date of December 21 (the date of maximum incursion). A minute-by-minute determination provides a more accurate estimate of the total shadow square foot hours per year. The results of this analysis indicate that the actual shadow area each day would not exceed 50 percent of the maximum shadow ("last minute maximum"). Therefore, the total percentage intrusion of the shadows over the course of an entire year would be 0.5 times 0.007 percent, or about 0.0035 percent.

In addition, existing trees on the Laguna Honda hospital campus currently cast a shadow on the park. **Figure 3.7-3, Shadow from Existing Trees and Proposed Buildings**, shows a composite of the shadow from the existing trees and the proposed project, on December 21 at 3:54 PM. The figure indicates that the project would not cast any new shadow beyond that from the existing trees on the park. The above calculations do not take into account the shade created by the existing trees in the project vicinity.

D2(c) Conclusions

Based on a preliminary shadow fan conducted by the San Francisco Planning Department, the proposed project would add new shadow on Midtown Terrace Park northeast of the hospital campus during the winter solstice when shadow lengths are greatest. Further analysis was conducted to evaluate potential shadow impacts to the park during the winter afternoons. The analysis determined that shadow from the proposed project would reach the park on winter afternoons during times regulated by Planning Code Section 295. The analysis also determined that the duration of shadowing during each day would range from less than one minute on November 17 and January 23 to a maximum of 17 minutes on December 21. Therefore, the total time period of the shadow incursion would occur during approximately two months of the winter.

³ A yearly total calculated on the basis of the maximum shadow cast each day overstates the total exposure, because the maximum area only occurs at the last minute before the end of the regulated time period each day. On each day, the shadow area grows at an increasing rate; thus the last minute is the maximum shadow for that day.

The intrusion of shadow from the proposed buildings would not exceed 0.0035 percent of the available sunlight to the park. Approximately two-thirds of the new shadow would be in the area east of the grass field, an area that contains utility buildings and a service access road. Approximately one-third of the shadow impact would occur in the open grass area. Shadow from the proposed project would not be cast on the children's play area or the landscaped area. Because the shadowing would occur only at the end of the winter afternoons on a portion of the grass field, the project shadow is not likely to interfere with the public use of the open grass area. In addition, existing trees within the project site currently cast a shadow on the park, and therefore, persons using the park would not experience any new shadow from the project.

Given the time of day, the period of the year, and the duration of the shadow, the shadow is unlikely to deter visitors from using the park. The recreational uses of the park, including the community building, the children's playground, and the area of the grass field away from the street and next to the landscaped area, would have complete access to sunlight.

In the past, new shadows have been found less than significant for environmental purposes if they fall within the cumulative limits established by the Commission resolution under Planning Code Section 295, or if they are "de minimus." Because no cumulative limit for shadow has been developed for Midtown Terrace Park, the Planning Department, for purposes of this document, relied on the guidelines established in Planning Code Section 147 to analyze shadow impacts.

Based on the detailed shadow analysis prepared for the proposed project and the guidelines set forth in Planning Code Section 147, the Planning Department finds that the shadow impacts of the proposed project are de minimus, and therefore, not significant for environmental purposes. In addition, it is anticipated that the shadow impacts on the adjacent Midtown Terrace Park from the proposed project would not be considered significant under Planning Code Section 295. This finding is subject to a final determination by the Planning Commission, acting with the advice of the Recreation and Park Commission.



SOURCE: Anshen+ Allen Architects

FIGURE 3.7-3

Shadows from Existing Trees and Proposed Buildings

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4.0 MITIGATION MEASURES

Pursuant to CEQA, for each significant impact identified in the EIR, the EIR must discuss feasible measures to avoid or substantially reduce the project's significant environmental effects. All of the measures discussed in this EIR have been adopted by the project sponsor and, therefore, are proposed as part of the project. Below is a list of mitigation measures identified in this EIR or in the Initial Study as necessary to mitigate significant environmental effects. Mitigation measures would reduce but not eliminate significant construction noise and architectural resources impacts. Mitigation measures identified in this EIR and in the Initial Study would be required by decision-makers as conditions of project approval unless they are demonstrated to be infeasible based on substantial evidence in the record.

A. VISUAL QUALITY (SECTION 3.3 OF THE EIR)

The project sponsor has agreed to include the following mitigation measures as part of the proposed project.

1. **Site Landscaping.** The project-landscaping contractor shall plant trees and/or other screening landscaping east of the proposed Link Building. Trees planted in this area would screen views of the lower portion of the new Link Building seen from Twin Peaks Park. The planting shall occur during landscaping of the area east of the Link Building as early as feasible during the construction phase. The trees to be planted shall be shown on the final project landscaping plans, to be completed concurrent with the Link Building building permit.
2. **Roofing Design and Color Treatment.** The project's architect shall utilize a roof design that is suitable for highly visible conditions and compliments the clay tile roof used on the existing Main Hospital Building. The architect shall also use color to reduce the apparent visual scale of the new buildings. These features of the project design shall be included in the final project plans to be completed prior to issuance of the building permit.
3. **Link Building Massing.** The project's architect shall avoid a single monolithic building mass for the east side of the Link Building by expressing the building's programmed volumes as several distinct elements. These features of the project design shall be included in the final project plans to be completed prior to issuance of the building permit.
4. **Link Building Landscape Features.** The project's architect shall design open terraces on the east side of the Link Building to include trees in containers or other landscaping to soften and screen the building's profile. These features of the project design shall be implemented at the earliest extent feasible during the construction period and shall be included in the final project plans to be completed prior to issuance of the building permit.

The above measures would help to soften the appearance of the proposed structures and would lessen the prominence of the buildings as seen from Twin Peaks Park. Trees planted along the Link Building

would help screen the proposed building as seen from Twin Peaks Park. In addition, the roof tops of the existing Main Hospital Building, Clarendon Hall, and bridge structure match and blend in with the character of the surrounding neighborhoods as seen from off site views. Implementation of the above mitigation measures would reduce significant impacts related to scenic view impairment to a less-than-significant level.

B. CONSTRUCTION NOISE (SECTION 3.4 OF THE EIR)

The project sponsor has agreed to include the mitigation measures described below as part of the proposed project.

The construction contractor shall be required to implement noise control techniques to minimize disturbance to adjacent hospital and residential receptors during project construction. Specific noise control measures shall include the following:

1. Although the Noise Ordinance noise limit for construction equipment is 80 dBA at 100 feet, construction equipment shall not generate noise levels above the mitigated levels listed in Table 3.4-2 (75 to 80 dBA at 50 feet) to minimize noise impacts on hospital and nearby residential receptors. As indicated in Table 3.4-2, such levels are achievable if feasible noise controls are implemented. Feasible noise controls include improved mufflers, equipment redesign, use of intake silencers, ducts, engine enclosures, and acoustically-attenuating shields or shrouds.
2. Equipment used for project construction shall be hydraulically or electrically powered impact tools (e.g., jack hammers and pavement breakers,) wherever possible to avoid noise associated with compressed air exhaust from pneumatically-powered tools. However, where use of pneumatically-powered tools is unavoidable, an exhaust muffler on the compressed air exhaust shall be used; this muffler could lower noise levels from the exhaust by up to about 10 dBA. External jackets on the tools themselves should be used where feasible, and this could achieve a reduction of 5 dBA. Quieter procedures shall be used such as drilling rather than impact equipment whenever feasible.
3. Stationary noise sources shall be located as far from existing sensitive receptors as possible, particularly hospital patient rooms, residences on Dellbrook Avenue, and the senior living facility. To the extent feasible, concrete crushers shall be located so that existing buildings block noise for adjacent receptors. Portable sound blankets shall be used wherever feasible to reduce noise generated by concrete crushers at hospital patient rooms, residences on Dellbrook Avenue, and the senior living facility. Such blankets can provide up to a 10-dBA noise reduction.
4. If stationary sources must be located near existing receptors, they shall be adequately muffled and enclosed within temporary sheds.
5. During construction of new buildings, the exterior facades facing existing hospital sensitive receptors or the Dellbrook Avenue neighborhood shall be enclosed as early in the construction process as feasible. During demolition, exterior facades located closest to existing adjacent hospital and residential receptors (primarily the hospital buildings patient rooms, senior living facility, and

Dellbrook Avenue neighborhood) shall be retained as long as feasible to maximize noise-shielding effects.

6. During all construction phases, there shall be close coordination between construction staff and hospital staff. Hospital staff shall be made aware of the construction schedule and activities. Because a limited number of patients do react unpredictably to disorienting sensory cues (e.g., auditory, visual, olfactory, etc.), their exposure to such stimuli should be minimized. In a managed care environment, the caregivers are generally well aware of which patients are likely to experience a possibly adverse response. To the extent feasible, patients shall be moved to rooms away from construction activities during the noisier construction phases. Alternatively, the hospital shall make ear muffs available to patients disturbed by construction noise. Portable fans shall be made available to provide interior air circulation and allow windows to remain closed. Construction contractors shall be made aware of the need to accomplish a given task with a minimum of extraneous noise or other disturbances while working in proximity to existing hospital patient rooms.
7. During all construction phases, locations of access roads, delivery routes, and loading docks shall be selected to minimize exposure to adjacent residential receptors as well as on-site hospital patient receptors, using existing building facades to provide maximum shielding for these receptors.
8. A designated complaint coordinator shall be responsible for responding to noise complaints during the construction phase. Residents living at locations where the mitigated construction noise level is expected to exceed the ambient noise level, during a given phase, by 5 dBA or more would receive advance notifications that would provide the name and number of the designated complaint coordinator. The name and phone number of the complaint coordinator shall also be conspicuously posted at construction areas and on all advanced notifications. This person shall maintain a log of complaints received and take steps to resolve complaints, including periodic noise monitoring, if necessary, to ensure that significance thresholds are not exceeded by project construction activities.
9. The project sponsor shall delay usage of heavy impact equipment such as jackhammers to 8:00 AM.

As indicated in **Tables 4.0-1 (Revised)** through **4.0-6**, implementation of feasible noise controls as described in Mitigation Measure 1 above would reduce construction-related noise increases (increases in daytime ambient noise levels would be less than 5 dBA) at all identified sensitive receptors except residences on Dellbrook Avenue, the senior living facility (during Phase Three-B only), and hospital resident rooms. Mitigation Measure 1 would also reduce construction noise levels to below the City's Noise Ordinance 80-dBA noise limit (at 100 feet). Implementation of the additional Mitigation Measures 2 through 8 would reduce the adverse effects of construction noise on sensitive receptors, particularly the Dellbrook Avenue, senior living facility, and hospital receptors, by reducing construction noise levels to below the 80-dBA speech interference criterion. As indicated in **Tables 4.0-1 (Revised)** through **4.0-6**, implementation of the above measures would mitigate noise impacts on identified off-site residential receptors to a less-than-significant level. The 45-dBA criterion could not be met during a portion of construction Phases One and Two at hospital receptors, however. Also, the use of impact equipment during construction Phase Three-A would not be mitigated to a less-than-significant level. Therefore,

construction noise impacts on hospital receptors cannot be mitigated to a less-than-significant level and would remain significant and unavoidable during portions of Phases One, Two, and Phase Three-A.

Table 4.0-1

Maximum Construction Noise Levels at Closest Residential Receptors on Dellbrook Avenue with and without Noise Controls

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adjusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?	Noise Control Adjustments (4)	Mitigated Leq in dBA	Mitigated Leq Increases Ambient by 5 dBA or more?	Mitigated Leq Exceeds ESI Criterion?
Residents on Dellbrook (Closest Residential Receptors at 350 Feet to the East)	Phase One (A-C) Construct Various Utilities & Demolish Central Campus Building	Earthmoving Equipment	85	350	-17	68	54	Yes	80	No	-10	58	Yes	No
		Trucks	85	80 (5)	-4	81	54	Yes	80	Yes	-10	71	Yes	No
		Materials Handling	91	350	-17	74	54	Yes	80	No	-16	58	Yes	No
		Stationary Equipment	85	540	-21	64	54	Yes	80	No	-10	54	No	No
		Impact Equipment	81	350	-17	64	54	Yes	80	No	-6	58	Yes	No
Residents on Dellbrook (Closest Residential Receptors at 300 Feet to the East)	Phase Two (D) Construct Greenhouse, Clarendon Hill East, & Link Buildings	Earthmoving Equipment	85	300	-16	69	54	Yes	80	No	-10	59	Yes	No
		Trucks	91	250	-14	77	54	Yes	80	No	-16	61	Yes	No
		Materials Handling	85	300	-16	69	54	Yes	80	No	-10	59	Yes	No
		Stationary Equipment	81	300	-16	65	54	Yes	80	No	-6	59	Yes	No
		Impact Equipment	88	300	-16	72	54	Yes	80	No	-8	64	Yes	No
Residents on Dellbrook (Closest Residential Receptors at 750 Feet to the East)	Phase Three-A (E-F) Demolish Clarendon Hall & Construct Clarendon Hill West	Earthmoving Equipment	85	750	-24	61	54	Yes	80	No	-10	51	No	No
		Trucks	91	750	-24	67	54	Yes	80	No	-16	51	No	No
		Materials Handling	85	750	-24	61	54	Yes	80	No	-10	51	No	No
		Stationary Equipment	81	750	-24	57	54	Yes	80	No	-6	51	No	No
		Impact Equipment	88	750	-24	64	54	Yes	80	No	-8	56	No	No
Residents on Dellbrook (Closest Residential Receptors at 250 Feet to the East)	Phase Three-B (G-H) Demolish Existing Hospital Wings, Construct Parking Lots Later Phase	Earthmoving Equipment	85	250	-14	71	54	Yes	80	No	-10	61	Yes	No
		Pavers	89	250	-14	75	54	Yes	80	No	-9	66	Yes	No
		Trucks	91	250	-14	77	54	Yes	80	No	-16	61	Yes	No
		Materials Handling	85	250	-14	71	54	Yes	80	No	-10	61	No	No
		Stationary Equipment	81	250	-14	67	54	Yes	80	No	-6	61	Yes	No
●	Assisted Living Facility	Impact Equipment	88	250	-14	74	54	Yes	80	No	-8	66	Yes	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.

(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.

(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.

(4) Noise control adjustments represent the difference in the noise levels with the use of feasible noise controls.

(5) This distance is specifically listed to differentiate noise impacts from construction of the interim electrical facility, which would be located closer to this receptor than other facilities under Phase 1 ■

Table 4.0-2
Maximum Construction Noise Levels at Closest Residential Receptors on Clarendon Avenue/Olympia Way with and without Noise Controls

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Barrier Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adjusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?	Noise Control Adjustments (4)	Mitigated Leq in dBA	Mitigated Leq Increases Ambient by 5 dBA or more?	Mitigated Leq Exceeds ESI Criterion?
Residents on Clarendon/Olympia (Closest Residential Receptors at 480 Feet to the North)	Phase One (A-C) Construct	Earthmoving Equipment	85	480	-20	-6	59	67	No	80	No	-10	49	No	No
	Various Utilities	Trucks	91	480	-20	-6	65	67	No	80	No	-16	49	No	No
	Utilities & Demolish	Materials Handling	85	600	-22	-6	57	67	No	80	No	-10	47	No	No
	Central Campus Building	Stationary Equipment	81	480	-20	-6	55	67	No	80	No	-6	49	No	No
		Impact Equipment	88	480	-20	-6	62	67	No	80	No	-8	54	No	No
Residents on Clarendon/Olympia (Closest Residential Receptors at 240 Feet to the North)	Phase Two (D) Construct	Earthmoving Equipment	85	240	-14	0	71	67	Yes	80	No	-10	61	No	No
	Greenhouse, Clarendon Hill East, & Link Buildings	Trucks	91	200	-12	0	79	67	Yes	80	No	-16	63	No	No
		Materials Handling	85	240	-14	0	71	67	Yes	80	No	-10	61	No	No
		Stationary Equipment	81	240	-14	0	67	67	No	80	No	-6	61	No	No
		Impact Equipment	86	240	-14	0	72	67	Yes	80	No	-8	64	No	No
Residents on Clarendon/Olympia (Closest Residential Receptors at 400 Feet to the North)	Phase Three-A (E-F) Demolish	Earthmoving Equipment	85	400	-18	0	67	67	No	80	No	-10	57	No	No
	Clarendon Hall & Construct	Trucks	91	400	-18	0	73	67	Yes	80	No	-16	57	No	No
	Clarendon Hill West	Materials Handling	85	550	-21	0	64	67	No	80	No	-10	54	No	No
		Stationary Equipment	81	400	-18	0	63	67	No	80	No	-6	57	No	No
		Impact Equipment	86	400	-18	0	68	67	No	80	No	-8	60	No	No
Residents on Clarendon/Olympia (Closest Residential Receptors at 1000 Feet to the North)	Phase Three-B (G-H) Demolish	Earthmoving Equipment	85	1000	-26	-6	53	67	No	80	No	-10	43	No	No
	Existing Hospital Wings, Construct	Pavers	89	1000	-26	-6	57	67	No	80	No	-9	48	No	No
	Parking Lots	Trucks	91	1000	-26	-6	59	67	No	80	No	-16	43	No	No
	Later Phase Construct	Materials Handling	85	1000	-26	-6	53	67	No	80	No	-10	43	No	No
	Assisted Living Facility	Stationary Equipment	81	1000	-26	-6	49	67	No	80	No	-6	43	No	No
		Impact Equipment	86	1000	-26	-6	54	67	No	80	No	-8	46	No	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.

(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.

(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.

(4) Noise control adjustments represent the difference in the noise levels with the use of feasible noise controls.

Table 4.0-3
Maximum Construction Noise Levels at Closest Residential Receptors Across Woodside Avenue (South Side) with and without Noise Controls

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Barrier Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adjusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ES) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?	Noise Control Adjustments (4)	Mitigated Leq in dBA	Mitigated Leq Increases Ambient by 5 dBA or more?	Mitigated Leq Exceeds ESI Criterion?
Residents Across Woodside (Closest) Residential Receptors at 770 Feet to the South)	Phase One (A-C)	Earthmoving Equipment	85	770	-24	-6	55	73	No	80	No	-10	63	No	No
	Construct	Trucks	91	770	-24	-6	61	73	No	80	No	-16	57	No	No
	Utilities	Materials	85	770	-24	-6	55	73	No	80	No	-10	63	No	No
	Demolish	Stationary Equipment	81	770	-24	-6	51	73	No	80	No	-6	67	No	No
	Central Campus Building	Impact Equipment	88	770	-24	-6	58	73	No	80	No	-8	65	No	No
		Earthmoving Equipment	85	640	-22	-6	57	73	No	80	No	-10	63	No	No
Residents Across Woodside (Closest) Residential Receptors at 640 Feet to the South)	Phase Two (D)	Trucks	91	640	-22	-6	63	73	No	80	No	-16	57	No	No
	Greenhouse, Clarendon Hill	Materials	85	640	-22	-6	57	73	No	80	No	-10	63	No	No
	East & Link Buildings	Stationary Equipment	81	640	-22	-6	53	73	No	80	No	-6	67	No	No
		Impact Equipment	88	640	-22	-6	60	73	No	80	No	-8	65	No	No
		Earthmoving Equipment	85	1020	-26	-6	53	73	No	80	No	-10	63	No	No
		Trucks	91	1020	-26	-6	59	73	No	80	No	-16	57	No	No
Residents Across Woodside (Closest) Residential Receptors at 1020 Feet to the South)	Phase Three-A (E-F)	Materials	85	1020	-26	-6	53	73	No	80	No	-10	63	No	No
	Demolish	Handing	81	1020	-26	-6	49	73	No	80	No	-6	67	No	No
	Clarendon Hall & Construct	Stationary Equipment	88	1020	-26	-6	56	73	No	80	No	-8	65	No	No
	Clarendon Hill West	Impact Equipment	85	280	-15	0	70	73	No	80	No	-10	63	No	No
		Earthmoving Equipment	89	280	-15	0	74	73	No	80	No	-9	64	No	No
		Trucks	91	280	-15	0	76	73	No	80	No	-16	57	No	No
Residents Across Woodside (Closest) Residential Receptors at 280 Feet to the South)	Phase Three-B (G-H)	Materials	85	280	-15	0	70	73	No	80	No	-10	63	No	No
	Demolish	Handing	81	280	-15	0	66	73	No	80	No	-6	67	No	No
	Existing	Stationary Equipment	88	280	-15	0	73	73	No	80	No	-8	65	No	No
	Hospital Wings, Construct	Impact Equipment	85	280	-15	0	70	73	No	80	No	-10	63	No	No
	Parking Lots	Earthmoving Equipment	89	280	-15	0	74	73	No	80	No	-9	64	No	No
	Later Phase Construct	Trucks	91	280	-15	0	76	73	No	80	No	-16	57	No	No
Residents Across Woodside (Closest) Residential Receptors at 280 Feet to the South)	Assisted Living Facility	Materials	85	280	-15	0	70	73	No	80	No	-10	63	No	No
		Handing	81	280	-15	0	66	73	No	80	No	-6	67	No	No
Residents Across Woodside (Closest) Residential Receptors at 280 Feet to the South)		Stationary Equipment	88	280	-15	0	73	73	No	80	No	-8	65	No	No
		Impact Equipment	85	280	-15	0	70	73	No	80	No	-10	63	No	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.

(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.

(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.

(4) Noise control adjustments represent the difference in the noise levels with the use of feasible noise controls.

Table 4.0-4

Maximum Construction Noise Levels at Closest Residential Receptors at Senior Living Facility North of Woodside Avenue with and without Noise Controls

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Barrier Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adjusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?	Noise Control Adjustments (4)	Mitigated Leq in dBA	Mitigated Leq Increases Ambient by 5 dBA or more?	Mitigated Leq Exceeds ESI Criterion?
Residents in Sr. Housing North of Woodside (Closest Residential Receptors at 600 Feet to the South)	Phase One (A-C) Construct	Earthmoving Equipment	85	600	-22	-6	57	67	No	80	No	-10	47	No	No
	Various Utilities	Trucks	91	600	-22	-6	63	67	No	80	No	-16	47	No	No
	Woodside (Closest Residential Receptors at 600 Feet to the South)	Materials Handling	85	600	-22	-6	57	67	No	80	No	-10	47	No	No
	Central Campus Building	Stationary Equipment	81	600	-22	-6	53	67	No	80	No	-6	47	No	No
		Impact Equipment	88	600	-22	-6	60	67	No	80	No	-8	52	No	No
Residents in Sr. Housing North of Woodside (Closest Residential Receptors at 540 Feet to the South)	Phase Two (D) Construct	Earthmoving Equipment	85	540	-21	-6	58	67	No	80	No	-10	48	No	No
	Greenhouse, Clarendon Hill East, & Link Buildings	Trucks	91	540	-21	-6	64	67	No	80	No	-16	48	No	No
		Materials Handling	85	540	-21	-6	58	67	No	80	No	-10	48	No	No
		Stationary Equipment	81	540	-21	-6	54	67	No	80	No	-6	48	No	No
		Impact Equipment	88	540	-21	-6	61	67	No	80	No	-8	53	No	No
Residents in Sr. Housing North of Woodside (Closest Residential Receptors at 1120 Feet to the South)	Phase Three-A (E-F) Demolish	Earthmoving Equipment	85	1120	-27	-6	52	67	No	80	No	-10	42	No	No
	Clarendon Hall & Construct	Trucks	91	1120	-27	-6	58	67	No	80	No	-16	42	No	No
	Woodside (Closest Residential Receptors at 1120 Feet to the South)	Materials Handling	85	1120	-27	-6	52	67	No	80	No	-10	42	No	No
		Stationary Equipment	81	1120	-27	-6	48	67	No	80	No	-6	42	No	No
		Impact Equipment	88	1120	-27	-6	55	67	No	80	No	-8	47	No	No
Residents in Sr. Housing North of Woodside (Closest Residential Receptors at 600 Feet to the South)	Phase Three-B (G-H) Demolish	Earthmoving Equipment	85	110	-7	0	78	67	Yes	80	No	-10	68	No	No
	Existing Hospital Wings, Construct	Pavers	89	110	-7	0	82	67	Yes	80	Yes	-9	73	Yes	No
	Parking Lots	Trucks	91	110	-7	0	84	67	Yes	80	Yes	-16	68	No	No
	Later Phase Construct	Materials Handling	85	240	-14	0	71	67	Yes	80	No	-10	61	No	No
	Assisted Living Facility	Stationary Equipment	81	110	-7	0	74	67	Yes	80	No	-6	68	No	No
		Impact Equipment	88	110	-7	0	81	67	Yes	80	Yes	-8	73	Yes	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4.2 at 50 feet.

(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.

(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.

(4) Noise control adjustments represent the difference in the noise levels with the use of feasible noise controls.

Table 4.0-5

Maximum Construction Noise Levels at Closest Residential Receptors Across Laguna Honda/Dewey Boulevards with and without Noise Controls

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Barrier Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adjusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?	Noise Control Adjustments (4)	Mitigated Leq in dBA	Mitigated Leq Increases Ambient by 5 dBA or more?	Mitigated Leq Exceeds ESI Criterion?
Residents Across Laguna Honda/Dewey (Closest Residential Receptors at 825 Feet to the West)	Phase One (A-C) Construct	Earthmoving Equipment	85	825	-24	0	61	73	No	80	No	-10	51	No	No
	Various Utilities	Trucks	91	825	-24	0	67	73	No	80	No	-16	51	No	No
	Residential	Materials Handling	85	825	-24	0	61	73	No	80	No	-10	51	No	No
	Central Campus Building	Stationary Equipment	81	825	-24	0	57	73	No	80	No	-6	51	No	No
		Impact Equipment	88	825	-24	0	64	73	No	80	No	-8	56	No	No
		Earthmoving Equipment	85	700	-23	0	62	73	No	80	No	-10	52	No	No
Residents Across Laguna Honda/Dewey (Closest Residential Receptors at 700 Feet to the West)	Phase Two (D) Construct	Trucks	91	700	-23	0	68	73	No	80	No	-16	52	No	No
	Greenhouse, Clarendon Hill	Materials Handling	85	700	-23	0	62	73	No	80	No	-10	52	No	No
	East & Link Buildings	Stationary Equipment	81	700	-23	0	58	73	No	80	No	-6	52	No	No
		Impact Equipment	88	700	-23	0	65	73	No	80	No	-8	57	No	No
		Earthmoving Equipment	85	550	-21	0	64	73	No	80	No	-10	54	No	No
		Trucks	91	550	-21	0	70	73	No	80	No	-16	54	No	No
Residents Across Laguna Honda/Dewey (Closest Residential Receptors at 550 Feet to the West)	Phase Three-A (E-F) Demolish	Materials Handling	85	550	-21	0	64	73	No	80	No	-10	54	No	No
	Clarendon Hall & Construct	Stationary Equipment	81	550	-21	0	60	73	No	80	No	-6	54	No	No
	Clarendon Hill West	Impact Equipment	88	550	-21	0	67	73	No	80	No	-8	59	No	No
		Earthmoving Equipment	85	950	-26	-6	53	73	No	80	No	-10	43	No	No
		Trucks	89	950	-26	-6	57	73	No	80	No	-9	48	No	No
		Materials Handling	85	950	-26	-6	53	73	No	80	No	-10	43	No	No
Residents Across Laguna Honda/Dewey (Closest Residential Receptors at 950 Feet to the West)	Phase Three-B (G-H) Demolish	Stationary Equipment	81	950	-26	-6	49	73	No	80	No	-6	43	No	No
	Existing Hospital Wings, Construct	Impact Equipment	88	950	-26	-6	56	73	No	80	No	-8	48	No	No
	Parking Lots	Earthmoving Equipment	85	950	-26	-6	53	73	No	80	No	-10	43	No	No
	Later Phase Construct	Trucks	91	950	-26	-6	59	73	No	80	No	-16	43	No	No
	Assisted Living Facility	Materials Handling	85	950	-26	-6	53	73	No	80	No	-10	43	No	No
		Stationary Equipment	81	950	-26	-6	49	73	No	80	No	-6	43	No	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.

(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.

(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.

(4) Noise control adjustments represent the difference in the noise levels with the use of feasible noise controls.

Table 4.0-6
Maximum Construction Noise Levels at Closest Hospital Resident Receptors with and without Noise Controls

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adjusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?	Noise Control Adjustments (4)	Mitigated Leq in dBA	Mitigated Leq Increases Ambient by 5 dBA or more?	Mitigated Leq Exceeds ESI Criterion?	Interior 45-dBA Hospital Criterion (5)	Mitigated Leq Exceeds 45-dBA Hospital Criterion?
Hospital Patients in Main Hospital Buildings (Closest) Rooms at 60 Feet to the South)	Phase One (A-C)	Earthmoving Equipment	85	60	-2	83	54	Yes	80	Yes	-10	73	Yes	No	65	Yes
	Various	Trucks	91	60	-2	89	54	Yes	80	Yes	-16	73	Yes	No	65	Yes
	Utilities & Demolish	Materials Handling	85	60	-2	83	54	Yes	80	Yes	-10	73	Yes	No	65	Yes
	Central Campus Building	Stationary Equipment	81	60	-2	79	54	Yes	80	No	-6	73	Yes	No	65	Yes
		Impact Equipment	88	60	-2	86	54	Yes	80	Yes	-8	78	Yes	No	65	Yes
		Equipment														
Hospital Patients in Main Hospital & Clarendon Hall Buildings (Closest) Rooms at 60 Feet to the South & West)	Phase Two (D)	Earthmoving Equipment	85	60	-2	83	54	Yes	80	Yes	-10	73	Yes	No	65	Yes
	Greenhouse, Clarendon Hill	Trucks	91	60	-2	89	54	Yes	80	Yes	-16	73	Yes	No	65	Yes
	Materials Handling	Materials Handling	85	60	-2	83	54	Yes	80	Yes	-10	73	Yes	No	65	Yes
	Stationary Equipment	Stationary Equipment	81	60	-2	79	54	Yes	80	No	-6	73	Yes	No	65	Yes
		Impact Equipment	88	60	-2	86	54	Yes	80	Yes	-8	78	Yes	No	65	Yes
		Equipment														
Hospital Patients in Clarendon Hill East Building (Closest) Rooms at 60 Feet to the East)	Phase Three-A (E-F)	Earthmoving Equipment	85	135	-9	76	54	Yes	80	No	-10	66	Yes	No	70	No
	Demolish Clarendon Hall	Trucks	91	135	-9	82	54	Yes	80	Yes	-16	66	Yes	No	70	No
	& Construct Clarendon Hill	Materials Handling	85	135	-9	76	54	Yes	80	No	-10	66	Yes	No	70	No
	West	Stationary Equipment	81	135	-9	72	54	Yes	80	No	-6	66	Yes	No	70	No
		Impact Equipment	88	135	-9	79	54	Yes	80	No	-8	71	Yes	No	70	Yes
		Equipment														
Hospital Patients in Greenhouse Building (Closest) Rooms at 60 Feet to the North)	Phase Three-B (G-H)	Earthmoving Equipment	85	300	-16	69	54	Yes	80	No	-10	59	Yes	No	70	No
	Demolish Existing Hospital Wings, Construct Parking Lots	Pavers	89	300	-16	73	54	Yes	80	No	-9	64	Yes	No	70	No
	Later Phase Construct Assisted Living Facility	Trucks	91	300	-16	75	54	Yes	80	No	-16	59	Yes	No	70	No
		Materials Handling	85	300	-16	69	54	Yes	80	No	-10	59	Yes	No	70	No
		Stationary Equipment	81	300	-16	65	54	Yes	80	No	-6	59	Yes	No	70	No
		Impact Equipment	88	300	-16	72	54	Yes	80	No	-8	64	Yes	No	70	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.

(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.

(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.

(4) Noise control adjustments represent the difference in the noise levels with the use of feasible noise controls.

(5) The 45-dBA interior standard for hospitals is converted to an exterior standard of 65 dBA (daytime Leq) by adding 20 dBA to account for attenuation provided by closed windows. However, a 25-dBA reduction is assumed for closed windows in the new hospital buildings since newer window construction provides more attenuation.

C. HISTORIC ARCHITECTURAL RESOURCES (SECTION 3.5 OF THE EIR)

The project sponsor has agreed to include the mitigation measures described below as part of the proposed project.

There are few, if any measures that can mitigate the loss of this significant group of buildings to a less-than-significant level. It is not possible, under CEQA, to mitigate the loss of a resource significant for its historic association and architecture with photographic documentation, original architectural plans, or salvaged materials. Therefore, impacts related to the partial demolition of the Main Hospital Building and complete demolition of Clarendon Hall, bridge building, garage, laundry, boiler house, farm building and greenhouse would remain significant and unavoidable.

1. Prior to demolition, the project sponsor shall provide adequate documentation of the existing hospital complex. The documentation shall be submitted to the City and County of San Francisco Planning Department and found to be adequate prior to authorization of any permit that may be required for demolition of the buildings. Research shall be conducted regarding the social history of the people housed and employed over the years in those buildings proposed for demolition. In addition, the project sponsor shall prepare and transmit the photographs and descriptions of the property to the History Room of the San Francisco Public Library and the Northwest Information Center of the California Historic Information Resource System. The documentation shall include:

- (i) A video documentary of the property.
- (ii) Photo-documentation of the property, including the social history and use of the hospital, to Historic American Building Survey Standards. The standard size of negatives and transparencies (and accompanying prints) are 5-by-7 inches. Other large-format sizes such as 4-by-5 inches and 8-by-10 inches are also acceptable for formal documentation. Roll film, film packs and electronic manipulation of images are not acceptable.

Images must be fully identified with the name and location of the structure, a description of the feature or view being photographed and the direction in which the photograph was taken, as well as the name of the photographer and the date created.

- (iii) Black and white, 35 millimeter photographs of the hospital and grounds. Negatives and 5-by-7 inch prints should be processed to meet archival requirements (i.e., negatives must be on safety film only; resin-coated paper is not accepted). Photographs would include, but not be limited to, the following: exterior elevations of each building; interior spaces, including lobbies, common rooms, representative patient rooms, and recreation rooms; surrounding landscaping, including historic retaining walls and courtyards; any plant materials proposed for removal; and views of the hospital grounds from public streets.
 - (iv) An on-site display interpreting the hospital's history and social use of the hospital.
 - (v) The available original plans of the hospital buildings shall be included as part of the documentation. All drawings and site plans shall be appropriately conserved at the site or at a qualified repository.
2. Prior to demolition, the project sponsor shall salvage the character-defining elements of the existing buildings that are considered to be historically significant, as determined by a qualified architectural

historian, (and can feasibly be salvaged) and shall seek to donate those elements to an organization such as a local historical society. The features to be salvaged shall be determined by the City

following consultation with a qualified historic resources firm. Features to be salvaged should include primary character-defining features, such as the terra cotta details and coping, windows, doors, hardware, tile roofs, tile work, and skylights. Many of the character-defining features such as the location of the hospital buildings on the site and the relationship of the buildings to the site, cannot be salvaged. Donation of the materials to the historical society or other entity approved by the City shall be confirmed by the City prior to the issuance of demolition permits.

No additional mitigation is feasible for impacts related to demolition of the buildings, due to the limited options available when demolition is proposed. These mitigation measures will not lessen impacts to a less-than-significant level; therefore, impacts to historic architectural resources would remain significant and unavoidable.

D. HAZARDS (SECTION 3.6 OF THE EIR)

The project sponsor has agreed to include the mitigation measures described below as part of the proposed project.

1. Prior to any demolition or excavation at the project site, the project sponsor shall conduct surveys to identify any PCB- or mercury-containing materials in existing structures proposed for demolition or renovation. If sampling identifies the presence of such materials, they shall be removed and disposed of at an approved site in accordance with applicable local, state, and federal regulations.
2. Prior to any demolition or excavation at the project site, the project sponsor shall conduct one or more Phase II Environmental Site Assessments of the project site, as necessary, to ensure that all areas of suspected surface and subsurface contamination subject to ground disturbance during site development activities are sampled. Soil or groundwater samples, or both, would be collected in such areas as directed by the site assessment consultant and based on the conclusions of the Phase I Environmental Site Assessment. Sampling would extend at least to depths proposed for excavation. The samples shall be collected in accessible areas prior to any site development activities, and in areas that are not currently accessible during proposed demolition activities. The samples shall be analyzed to identify and quantify any contamination. These studies shall be completed by a Registered Environmental Assessor (REA) or a similarly qualified individual.
3. If the sampling conducted pursuant to Mitigation Measure 2 identifies surface and/or subsurface contamination in areas subject to ground disturbance, the area shall be remediated in accordance with the standards, regulations, and determinations of local, state, and federal regulatory agencies. The project sponsor shall coordinate with the Department of Public Health and any other applicable regulatory agencies to adopt contaminant-specific remediation target levels. The hazardous substances shall be removed and disposed of at an approved site, or other appropriate actions shall be taken.

4. Prior to conducting any remediation activities a Site Health and Safety Plan would be prepared pursuant to California Division of Occupational Safety and Health (Cal-OSHA) requirements and

National Institute for Occupational Safety and Health guidance to ensure worker safety. Under Cal-OSHA requirements, the Site Health and Safety Plan would need to be prepared prior to initiating any earth-moving activities at the site. The Site Health and Safety Plan shall identify protocols for managing soils during construction to minimize worker and public exposure to contaminated soils. The protocols shall include at a minimum:

- (i) Characterization of excavated native soils proposed for use on site prior to placement to confirm that the soil meets appropriate standards.
- (ii) The dust controls specified in Air Quality Mitigation Measure 1.
- (iii) Protocols for managing stockpiled and excavated soils.

The Site Health and Safety Plan shall identify site access controls to be implemented from the time of surface disruption through the completion of earthwork construction. The protocols shall include at a minimum:

- (i) Appropriate site security to prevent unauthorized pedestrian/vehicular entry, such as fencing or other barrier of sufficient height and structural integrity to prevent entry and based upon the degree of control required.
- (ii) Posting of "no trespassing" signs.
- (iii) Providing on-site meetings with construction workers to inform them about security measures and reporting/contingency procedures.

If groundwater contamination is identified, the Site Health and Safety Plan shall identify protocols for managing groundwater during construction to minimize worker and public exposure to contaminated groundwater. The protocols shall include procedures to prevent unacceptable migration of contamination from defined plumes during dewatering.

The Site Health and Safety Plan shall include a requirement that construction personnel be trained to recognize potential hazards associated with underground features that could contain hazardous substances, previously unidentified contamination, or buried hazardous debris.

The Site Health and Safety Plan shall include procedures for implementing a contingency plan, including appropriate notification and control procedures, in the event unanticipated subsurface hazards are discovered during construction. Control procedures could include, but would not be limited to, further investigation and removal of underground storage tanks or other hazards.

5. Wherever ground-disturbing activities are proposed in areas where the Phase I and/or Phase II Environmental Site Assessment identified the potential presence of underground storage tanks or related piping, the project sponsor shall utilize ground-penetrating radar, magnetic surveys, or other appropriate methods to locate underground storage tanks. If any are identified, the project sponsor shall coordinate with the San Francisco Department of Public Health's Local Oversight Program to determine whether they must be removed or whether they may remain closed in place. This

determination shall be made at the earliest extent feasible during the construction period. These surveys shall be completed by an REA or a similarly qualified individual.

6. All reports and plans prepared in accordance with the above Hazards mitigation measures shall be provided to the San Francisco Department of Public Health and any other appropriate agencies identified by the Department of Public Health. When all hazardous materials have been removed from existing buildings, and soil and groundwater analysis and other activities have been completed, as appropriate, the project sponsor shall submit to the San Francisco Planning Department and the Department of Public Health (and any other agencies identified by the Department of Public Health) a report stating that the applicable mitigation measure(s) has (have) been implemented. The report shall describe the steps taken to comply with the mitigation measure(s) and include all verifying documentation. The report shall be certified by an REA or similarly qualified individual who states that all necessary mitigation measures have been implemented, and specifying those mitigation measures that have been implemented.

Implementation of Mitigation Measure 1 would reduce impacts associated with hazardous building materials to a less-than-significant level. Implementation of Mitigation Measures 2 through 6 would reduce impacts associated with soil and groundwater contamination to a less-than-significant level.

E. AIR QUALITY (SECTION III.B.6 OF INITIAL STUDY)

The project sponsor has agreed to include the mitigation measures described below as part of the proposed project.

1. In accordance with the Bay Area Air Quality Management District (BAAQMD) *CEQA Guidelines*, the project sponsor shall require the contractor(s) to spray the site with water during demolition, excavation, and construction activities; spray unpaved construction areas with water at least twice per day; cover stockpiles of soil, sand, and other material; cover trucks hauling debris, soils, sand, or other such material; and sweep surrounding streets during demolition, excavation, and construction at least once per day to reduce particulate emissions. Ordinance 175-91, passed by the Board of Supervisors on May 6, 1991, requires that non-potable water be used for dust control activities. Therefore, the project sponsor shall require that the contractor(s) obtain reclaimed water from the San Francisco Public Utilities Commission Clean Water Program for this purpose. The project sponsor shall require the project contractor(s) to maintain and operate construction equipment so as to minimize exhaust emissions of particulates and other pollutants, by such means as a prohibition on idling motors when equipment is not in use or when trucks are waiting in queues, and implementation of specific maintenance programs to reduce emissions for equipment that would be in frequent use for much of the construction period.

Implementation of the above mitigation measure would reduce construction-related air quality impacts to a less-than-significant level.

F. ARCHAEOLOGICAL RESOURCES (SECTION III.B.13 OF INITIAL STUDY)

The project sponsor has agreed to include the mitigation measures described below as part of the proposed project.

1. The project sponsor shall retain the services of an archaeologist to inspect the exposed terrain following the demolition of existing structures; further assessment of the potential for historic cultural deposits and features can be made at that time. The archaeologist shall be notified a minimum of five days in advance of any demolition or excavation activity in the area.

If evidence of prehistoric or historic archaeological resources of potential significance were found during any construction excavation or land alteration activities, the archeologist shall immediately notify the Environmental Review Officer, and a professional archaeologist would be consulted. The project sponsor shall halt any activities that the archaeologist and the Environmental Review Officer jointly determine could cause damage to such cultural resources.

After notifying the Environmental Review Officer, the archaeologist shall prepare a written report to be submitted first and directly to the Environmental Review Officer, with a copy to the project sponsor, which shall contain an assessment of the potential significance of the find and recommendations for what measure should be implemented to minimize potential effects on prehistoric and historic archaeological resources. Based on this report, the Environmental Review Officer would recommend specific additional measures to be implemented by the project sponsor. These additional measures could include a site security program, additional on-site investigations by the archaeologist, or documentation, preservation, and recovery of cultural material.

Finally, the archaeologist shall prepare a report documenting the cultural resources that were discovered, an evaluation as to their significance, and a description as to how any further archaeological testing, exploration, or recovery program is to be conducted.

Copies of all draft reports prepared according to this mitigation measure shall be sent first and directly to the Environmental Review Officer for review. Following approval by the Environmental Review Officer, copies of the final reports shall be sent by the archaeologist directly to the President of the Landmarks Preservation Advisory Board and the California Archaeological Site Survey Northwest Information Center. Three copies of the final archaeology reports shall be submitted to the Environmental Review Officer, accompanied by copies of the transmittals documenting its distribution.

Implementation of the above mitigation measure would reduce impacts to archaeological resources to a less-than-significant level.

5.0 OTHER CEQA CONSIDERATIONS

This section provides a discussion of significant environmental effects that cannot be avoided if the project is implemented, significant irreversible environmental changes which would be caused by the proposed project should it be implemented, and growth-inducing impacts per Section 15126.2 of the California Environmental Quality Act (CEQA) Guidelines.

A. SIGNIFICANT ENVIRONMENTAL EFFECTS THAT CANNOT BE AVOIDED IF THE PROJECT IS IMPLEMENTED

In accordance with Section 21100 (b)(2)(A) of the CEQA, and Section 15126.2 (b) of the state CEQA *Guidelines*, the purpose of this section is to identify significant impacts that could not be eliminated or reduced to an insignificant level by implementing mitigation measures included as part of the project or by other mitigation measures that could be implemented, identified in **Section 4.0, Mitigation Measures**. This section is subject to final determination by the Planning Commission as part of the certification process for the EIR. If necessary, this section will be revised in the Final EIR to reflect the findings of the Planning Commission.

Construction noise levels would periodically exceed hospital interior noise guidelines in hospital rooms located closest to construction activities. Mitigation measures have been agreed to by the project sponsor that would reduce these construction noise impacts. However, even with mitigation these construction noise impacts would remain significant.

The proposed project would result in the partial demolition of the Main Hospital Building and the complete demolition all other hospital buildings: Clarendon Hall, bridge building, garage, laundry, boiler house, and greenhouse. The hospital complex has been formally determined eligible for the National Register of Historic Places as an historic district under Criterion A, contribution to a broad pattern of events, for its association with the development of health care in San Francisco. Additionally, the Main Hospital Building and Clarendon Hall appear to be significant under Criterion C for their association with significant Bay Area architects Newton Tharp and John Reid, Jr.

There are few, if any, measures that would mitigate the loss of this significant group of buildings to a less-than-significant level. From the preservation consultant's perspective it is not possible, under CEQA, to mitigate the loss of a resource significant for its historic association and architecture with photographic documentation, original architectural plans, or salvaged materials. Therefore, impacts related to the partial demolition of the Main Hospital Building and complete demolition of Clarendon

Hall, bridge building, garage, laundry, boiler house, and greenhouse would remain significant and unavoidable.

B. SIGNIFICANT IRREVERSIBLE ENVIRONMENTAL CHANGES THAT WOULD BE INVOLVED IN THE PROPOSED PROJECT SHOULD IT BE IMPLEMENTED

In accordance with Section 21100 (b)(2)(B) of the CEQA, and Section 15126.2 (c) of the state CEQA *Guidelines*, the purpose of this section is to discuss any significant irreversible environmental effects or changes that could occur if the proposed project were implemented. Such effects would be in the area of historic architectural resources, as discussed above in **Subsection A., Significant Environmental Effects**.

The project would also result in an irreversible commitment of energy resources, primarily in the form of fossil fuels, including fuel oil, natural gas, and gasoline, or diesel fuel for construction equipment and automobiles, and during construction and ongoing use of the site. The project would meet current state and local codes pertaining to energy consumption, including Title 24 of the California Code of Regulations. As such, the project would not result in a wasteful use of energy. The consumption or destruction of other non-renewable or slowly renewable resources would also result during construction, occupancy, and use of the site. The project would also irreversibly use water, communication, and other public utilities. However, since the project involves constructing new buildings with modern utility systems, and renovating old buildings and updating their utility systems, it would not involve a large commitment of those resources relative to supply, nor would it consume any of those resources wastefully or in an unnecessary manner.

C. GROWTH-INDUCING IMPACTS

CEQA *Guidelines* Section 15126.2(d) requires that an EIR evaluate the growth-inducing impacts of a proposed project. A growth-inducing impact is defined as "the way in which a proposed project could foster economic or population growth, or the construction of additional housing, either directly or indirectly in the surrounding environment." The environmental effects of this growth are considered to be secondary or indirect impacts of the project.

Various factors determine and influence population growth and development in an area. These factors include plans and policies of local communities, counties, special districts, and regional agencies; availability of services such as domestic water, wastewater treatment and disposal, fire protection, and public schools; transportation system capacity; the inventory of developable land; land costs; employment trends; and other economic considerations. Any one of these factors could represent a major,

or even singular, constraint to development. The removal of an obstacle to future growth has growth-inducing potential and is considered a growth-inducing impact.

The proposed project consists of renovation some existing buildings, demolishing some existing buildings, and replacing some buildings at the existing Laguna Honda hospital site. The number of patients to be cared for at the proposed hospital would remain the same. The proposed project would result in a total increase of 66 full-time and full-time equivalent employees at the hospital campus.

The proposed project would not add a significant number of employees to San Francisco's economy. The project would rehabilitate existing facilities and replace older facilities on the existing Laguna Honda hospital campus. The campus would not be expanded and would not require expansion of the municipal infrastructure. As such, the project would not induce growth within the City and County of San Francisco.

6.0 ALTERNATIVES TO THE PROPOSED PROJECT

To promote an understanding of ways to avoid or lessen the significant impacts of a project, the CEQA Guidelines require a discussion of alternatives to a project as proposed. A range of reasonable alternatives to a project, or the location of a project, that could feasibly attain most of the basic objectives of a project need to be considered. The discussion should focus on those alternatives that would avoid or substantially lessen significant impacts of the project and provide a comparison of the merits of each alternative. The comparison of alternatives needs to provide sufficient information about each alternative to allow for meaningful evaluation, analysis, and comparison with the proposed project.

A. ALTERNATIVES CONSIDERED

The CEQA Guidelines state that an EIR should briefly describe the rationale for selecting the alternatives discussed. Additionally, any alternatives that were previously considered, but dropped from further consideration, are to be identified in this discussion.

With regard to the feasibility of alternatives and alternative sites, the CEQA Guidelines allow consideration of a wide variety of factors including economic viability, site suitability, availability of infrastructure, general plan consistency, other plans or regulatory limitations, jurisdictional boundaries, and whether an applicant can reasonably acquire or have access to an alternative site.

A requirement of the CEQA Guidelines is an analysis of the "No Project" alternative. This discussion is to reflect the existing conditions and what could occur in the future given existing land use regulations and the capacities of existing infrastructure and service systems.

A1. Alternatives Considered But Not Brought Forward for Detailed Analysis

In 1994, the City and County of San Francisco Department of Public Health prepared an *Institutional Master Plan* for Laguna Honda hospital. The plan was the final component in the Facility Master Planning effort begun in 1988. This planning effort recognized the need to replace Laguna Honda hospital with structures that meet current standards for functionality and operating efficiency to continue the City's policy of providing high-quality long-term care into the 21st Century. It was also recognized that serious physical deficiencies at the facility put the hospital at risk of losing federal

and state reimbursements, which could lead to closure of the facility. The intent of the study was to identify the most appropriate long-term master facility plan for Laguna Honda hospital.

The planning team studied a full spectrum of options, from renovation without any new construction to completely new construction on a different site (or sites). They found no alternative location that offered the advantages of the existing site as determined by geographic location, ease of access by public transportation, and established and accepted presence. None of the alternative sites that were examined met all of the hospital's needs, including that for space.

Once it was decided that the existing site would be used, alternatives were evaluated on the basis of several factors including project cost, operational efficiency, disruption to operations, constructibility, capability for expansion, traffic and circulation, and potential impacts to the neighborhood and citywide amenities. The study culminated in the identification and evaluation of three alternatives that responded to the need to reconstruct or replace existing facilities.

Alternative A involved retaining the existing hospital and renovating the entire facility. Some new space would be added to meet projected needs. An initial addition would be constructed to allow two wings of the existing hospital to be vacated so the renovation could begin. Subsequent phases of infill construction were proposed between the wings to create adequately sized nursing units. All existing buildings would be seismically retrofitted as well as renovated. Because of the sequential nature of the renovation, the construction period was projected to be 11-1/2 years. Alternative A was estimated to be the most costly of the alternatives for a variety of reasons. The evaluation concluded that this was the least desirable of the alternatives because of the:

- greater construction cost;
- extended construction period;
- prospect of ongoing disruptions to operations during construction; and
- extensive continued operational costs due to the stretched-out, terraced building configurations.

Subsequent analysis of this alternative revealed other difficulties as well. The Office of Statewide Health Planning and Development (OSHPD) is responsible for overseeing all aspects of hospital construction in California, including remodeling and retrofitting existing buildings. OSHPD requires documentation and inspection during construction of compliant buildings. Since construction records are not available for the Main Hospital Building and Clarendon Hall, destructive testing would be

required to verify that the buildings were completed in exact conformance with the blueprints. This requirement makes remodeling the existing buildings for skilled nursing use impractical.

Alternative B would entail almost complete replacement of the existing hospital facilities over four construction phases. However, the following disadvantages were identified for this alternative:

- the replacement hospital would be four stories higher than the existing building, potentially creating significant visual impacts;
- the estimated construction period would be seven and one-half years; and
- construction would be difficult in areas of steep slopes or confined by other structures.

Alternative C was the development alternative recommended by the planning team. Alternative C consisted of a combination of replacing existing structures and renovating a portion of the existing hospital building in three phases of construction. The study concluded that this alternative offered the following advantages:

- lowest construction and project cost;
- shortest construction period (seven years);
- least disruption to ongoing operations during construction;
- best operational efficiency upon completion; and
- best neighborhood compatibility.

The proposed project analyzed in this EIR is a variation of Alternative C that was recommended by the planning team in the *Institutional Master Plan*.

A2. Alternative Location

There is little remaining space available for development in San Francisco given the relatively small size of the City and the existing development density within the City. Four potential off-site locations were examined as possible sites for developing a replacement hospital. These locations are Bayview Hunters Point Shipyard, Treasure Island, Mission Bay, and the Public Health Hospital (located within the Presidio). As discussed below, it was determined that none of these areas are suitable for the proposed project.

A2(a) Bayview Hunters Point Shipyard

This area contains substantial soil and ground water contamination. The shipyard is currently under the control of the U.S. Navy, and the Navy clean-up of the site is projected to take several years. Therefore, it would take longer to develop a new hospital at the shipyard than at the current Laguna Honda hospital site. In addition, this site is under the control of a separate development agreement between the City and County of San Francisco and a consortium of developers. Use of this site would require renegotiation of the development agreement, which is usually a time-consuming process. The Health Care Financing Administration (HCFA) has mandated closure of the existing Laguna Honda hospital unless it is replaced in a timely manner. The additional time required to renegotiate the development agreement and remediate contamination at the site could affect HCFA's willingness to permit Laguna Honda hospital to continue to operate in the interim.

A2(b) Treasure Island

Treasure Island is under the control of the U.S. Navy, although the City and County of San Francisco has plans for its reuse and civilian leasing of the site is beginning. Access to the island is constrained, however, and the land is subject to the Tidelands Trust. There is no remaining space on the island to accommodate a replacement hospital. In addition, Treasure Island is built on fill, which poses substantial design and construction challenges for building a hospital and long-term care facility that meets OSHPD requirements. Also, in case of a major seismic event, vehicular access to the facility could be cut off since it is only accessible by car via the Bay Bridge.

A2(c) Mission Bay

This area, like Treasure Island, is in the process of being developed and the land has been designated for development and other services. The land designated for "Institutional" and "Other Uses" in the Mission Bay Development Plan is assigned to the University of California at San Francisco and their private sector research partners.

A2(d) Presidio Public Health Hospital

This hospital was vacated by the federal government. It does not have adequate space to accommodate a 1,200-bed facility. In addition, the site is located at the northwest corner of Lake Street and Park Presidio and there is no easy transportation to this area. It is under the jurisdiction of the Presidio Trust, which controls development of the site. The existing buildings are not in conformance with

OSHPD requirements for reuse as a hospital or long-term care facility. Studies done for the City and County of San Francisco in the early 1990s indicated that between the cost of seismic strengthening and hazardous material removal, reuse for long-term care was prohibitive. The hospital has also been vandalized, is in need of extensive repairs, and does not comply with seismic safety standards.

A3. Community-based Long-term Care

In 1998, the City and County of San Francisco Department of Public Health examined community-based long-term care as one of the options for replacing Laguna Honda hospital.¹ Many persons who need long-term care can be cared for in their homes or other less institutional settings than a hospital. As part of their review, the Department of Public Health evaluated over 700 of Laguna Honda hospital's highest functioning residents to determine who could be cared for at a less institutional facility than the hospital. The evaluation team included community-based service providers. Out of the 700 hospital residents evaluated, the team determined that less than 100 would be considered candidates for community-based care.

To address the need for more community-based long-term care options, San Francisco has been actively planning a Long-term Care Integration Pilot Project as envisioned by Assembly Bill (AB) 1040, which was signed into law in 1995. The Pilot Project legislation is intended to provide counties with greater flexibility in the design and financing of long-term care services so as to facilitate a greater emphasis on in-home and community-based program models. One limitation to community placements has traditionally been the lack of sufficient state and federal reimbursements for this type of service. Through AB 1040, San Francisco is seeking waivers so that it may be reimbursed for providing care to some Medi-Cal recipients in non-institutional settings.

San Francisco's long-term care integration plan will improve access to home and community-based long-term care services while simultaneously maintaining access to skilled nursing facilities. In 1998, the Department of Public Health created a Housing and Urban Health Unit that master leases residential hotels for individuals who are homeless and medically and/or mentally disabled. Within the past three years, three hotels have become operational, one will open in Fall 2001, and two more are due to open in Spring 2002. Services to hotel residents include medical care, mental health counseling, case management, benefits and treatment advocacy, peer counseling, and a range of other supportive services. Currently 250 individuals live in the residential hotel programs, with an additional 140 planned when the remaining facilities come on line early next year.

¹ Mitchell H. Katz, M.D. 1998.

While the AB 1040 planning shows great promise for creating alternatives to institutionalization, it is clear that there will always be a need for skilled nursing facility (SNF) beds. In 1995, San Francisco's use of SNF beds was 33 beds per 1,000 persons over the age of 65. If Laguna Honda hospital is rebuilt at its current size (1,200 beds) and the total number of SNF beds in San Francisco remains the same (3,625), then the City's use of SNF beds will drop to 28 per 1,000 persons over the age of 65 in 2010, and further drop to 20 SNF beds to every 1,000 persons over the age of 65 in 2020. Therefore, while the Department of Public Health has examined the need for, and is pursuing the development of, additional community-based care services, it also recognizes the need to maintain the existing number of SNF beds in San Francisco.

A4. Alternatives Brought Forward for Detailed Analysis

As discussed above, several alternatives were initially developed, one of which retained substantial portions of the existing hospital buildings. However, because state regulatory agencies require not only substantial programmatic changes to essential hospital functions, but also that the buildings housing these essential functions meet a very high level of seismic resistance, it was agreed that rehabilitating the Main Hospital Building and Clarendon Hall to meet these standards would be prohibitively expensive, if not impossible. Therefore, the following general goals for partial preservation alternatives were identified by the Planning Department and the EIR project team to accommodate non-essential hospital functions:

- Maintain either Clarendon Hall or as much of the Main Hospital Building as possible;
- Minimize impact on views to and from the hospital;
- Maintain current site access points;
- Minimize the impact of parking facilities; and
- Preserve the meadow at the western end of Clarendon Valley.

In addition to the "No Project" alternative, two partial preservation alternatives were selected for analysis in the Draft EIR. (During the public review period, the project sponsor identified a third alternative that would allow for the preservation of a larger portion of the Main Hospital Building. That alternative, Partial Preservation Alternative Three, is described and analyzed later in this chapter.) A description of each alternative follows, along with a comparative analysis of environmental effects and a discussion of the ability of each alternative to meet the project objectives.

Table 6.0-1 provides a summary of the characteristics of the two project alternatives analyzed in the Draft EIR. ■

Table 6.0-1
Summary Comparison of Alternatives One and Two to Proposed Project

	# Stories	# Beds	Approx. Square Footage
Proposed Project			
Old Main Hospital Building (Wings A, B, C, and H)	3 to 5	0	204,931
New Clarendon Hill West Building	7	420	195,474
New Clarendon Hill East Building	7	420	195,474
New Connector between Clarendon Buildings	2	0	8,144
New Greenhouse Building	5	300	146,976
New Connector between Link Building and Greenhouse Building	2	0	2,032
New Link Building	4	60	138,879
New Assisted Living Facility	4	140	95,000
Total		1,340	986,910
Alternative One			
Old Main Hospital Building (Wings A, B, C, and H)	3 to 5	0	204,931
Old Clarendon Hall/New Assisted Living Facility	3	140	113,000
New Clarendon Hill East Building	7	630	292,000
New Connector between Clarendon Buildings	2	0	8,144
New Greenhouse Building	6	540	250,000
New Connector between Link Building and Greenhouse Building	2	0	2,032
New Link Building	4	60	138,879
Total		1,370	1,008,986
Alternative Two			
Old Main Hospital Building (Wings A, B, C, and H)	3 to 5	0	204,931
Old Main Hospital Building (Wings D, E, and K and a portion of Wings F, G, and L)/New Assisted Living Facility	3 to 5	140	159,394
New Clarendon Hill West Building	7	420	195,474
New Clarendon Hill East Building	7	420	195,474
New Connector between Clarendon Buildings	2	0	8,144
New Greenhouse Building	5	300	146,976
Connector between Link Building and Greenhouse Building	2	0	2,032
New Link Building	4	60	138,879
Total		1,340	1,051,304

Source: Architectural Resources Group, Schematic Design, June 28, 2001.

A4(a) Partial Preservation Alternative One

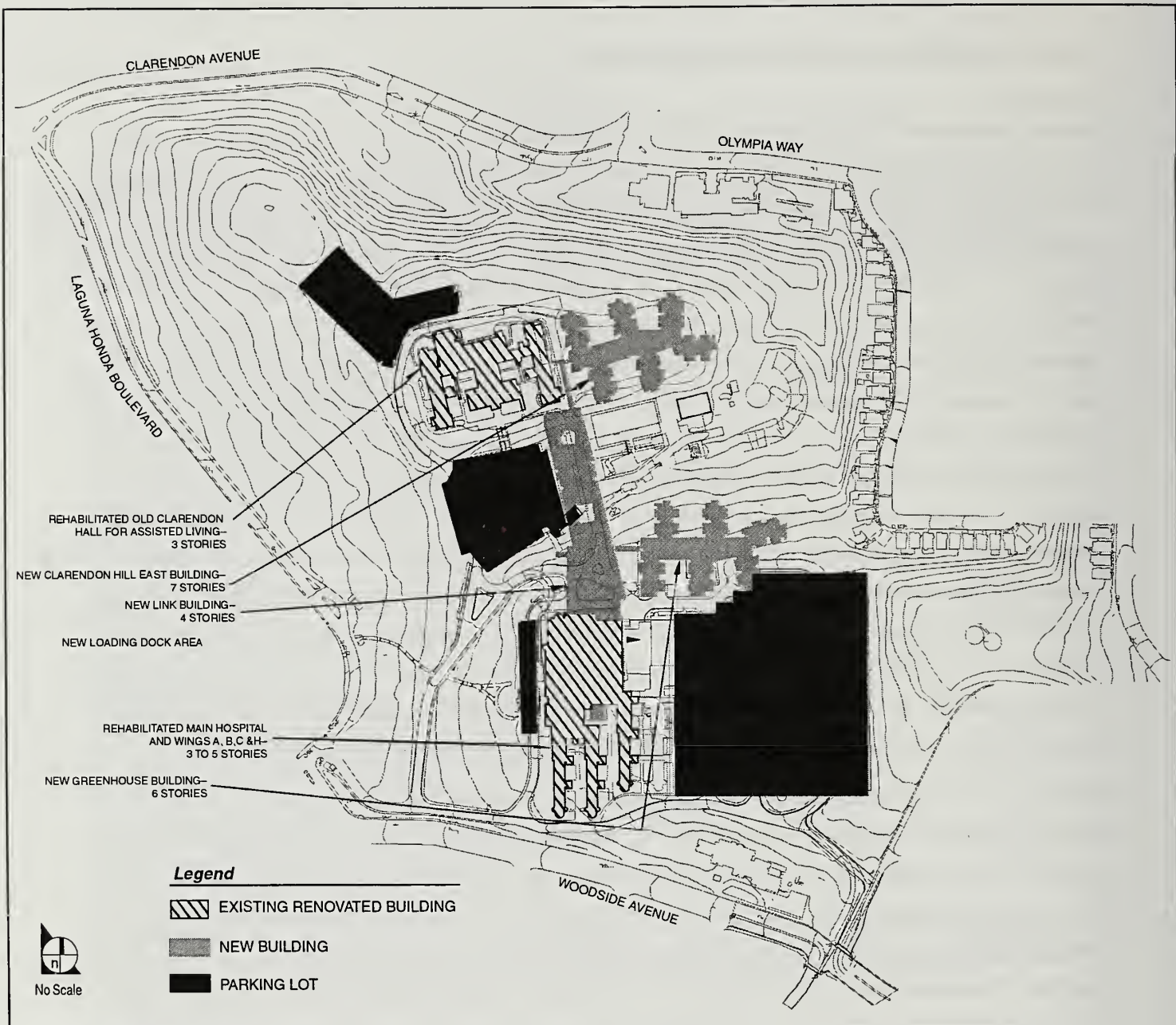
Description

Partial Preservation Alternative One would meet some of the spatial, service, and technical needs of the hospital while preserving and/or retrofitting some of the historic features of the buildings and site. As shown in **Figure 6.0-1, Alternative One: Site Plan (Revised)**, this alternative would retain and rehabilitate Clarendon Hall as an assisted living facility and retain and rehabilitate portions of the Main Hospital Building including Wings A, B, C and H for administrative purposes. The assisted living facility would contain 140 beds, the same as for the proposed project. New Greenhouse and Clarendon Hill East Buildings would be constructed to provide 1,170 new hospital beds (compared to the 720 beds provided by those buildings under the proposed project). The buildings would be six and seven stories high respectively (one story higher than the proposed project Greenhouse Building, and the same number of stories as the proposed project Clarendon Hill Buildings), and would be larger in footprint than the proposed project buildings to accommodate the additional beds. The building footprints would extend further to the east than under the proposed project. In addition, the number of wings, and their orientation, for the proposed Clarendon Hill East Building would be different from the proposed project. Under this alternative, three wings would face north, instead of two, and two wings would face south, instead of four. One wing would face east. A new Link Building would be constructed to provide 60 beds. It would be the same size as the proposed project Link Building. The total number of beds provided in Alternative One would be 1,370, 30 more beds than under the proposed project.

Similar to the proposed project, Partial Preservation Alternative One would be achieved through a series of construction phases that would allow the facility to remain functional during the development of new buildings. Residents would be relocated into the new buildings upon completion and Clarendon Hall would be rehabilitated as an assisted living facility. Further, temporary parking would be provided during construction, and upon project completion the bulk of parking would be in the Main East Lot, New Clarendon West Lot, and West Valley Lot (similar to the proposed project). Upon completion of this alternative, approximately 706 parking spaces, or 51 more spaces than under the proposed project, would be available on site. As under the proposed project, Alternative One would include 11 loading spaces. Nine spaces would be located at the renovated Main Hospital Building, and two spaces would be located at the proposed assisted living facility in renovated Clarendon Hall.

Environmental Analysis

The Initial Study prepared for the proposed project determined that impacts in the following issue areas would be less than significant: population, operational noise, air quality (air quality standards, pollutant concentrations, odors, and wind), utilities/public services, biology, geology/topography, water, energy/natural resources, hazards (emergency response plans and fire hazards) and archaeological and paleontological resources.



SOURCE: Architectural Resources Group

FIGURE 6.0-1

Alternative One: Site Plan (Revised)

The analyses provided in the Initial Study, conducted for the above-mentioned resources, pertain to the entire property. For example, the biology analysis considered the biological impacts to the entire site and not just the developed portion of the campus. In addition, implementation of this alternative would result in only a slight increase in site use by residents, employees, and visitors. For these reasons, the environmental effects associated with these resources and resulting from implementation of Alternative One would be less than significant. The Initial Study for the proposed project also found that the air quality/shadow effects of the project would be less than significant. However, the EIR includes an analysis of project shadow effects pursuant to Proposition K, because the proposed project has been refined subsequent to the completion of the Initial Study. Therefore, the analysis of Alternative One includes a discussion of shadow. Alternative One has been identified as the "Environmentally Superior" alternative.

Land Use and Planning

Under Alternative One, the proposed development of the site would be consistent with the current use of the site as a hospital. The proposed assisted living facility would provide assisted care and housing opportunities for the elderly and disabled, which would be consistent with the current use of the site and the residential uses in the surrounding neighborhood.

As with the proposed project, the proposed buildings under this alternative would not comply with the height requirements of the 80-D height and bulk district, and the alternative would require a rezoning from the 80-foot height district to the 90-foot height district. In addition, the proposed buildings would not conform to the bulk requirements. Pursuant to Section 271 (b) of the Planning Code, deviations from bulk limits shall be permitted upon approval of the Planning Commission according to the procedures for Conditional Use approval in Section 303 of the Code. This required change would be the same as for the proposed project.

The existing open space boundary has not been clearly defined by the Planning Department and is presented as an approximation on **Figure 2.0-2, Existing Site Plan**. However, the Planning Department determined that the proposed project would not result in a substantial change in the open space boundary and thus a *General Plan* amendment would not be needed to implement the proposed project.

The use of the site as a public hospital and assisted living facility would be consistent with the site's *General Plan* designation.

Transportation, Circulation, and Parking

Alternative One would have essentially the same transportation, circulation, and parking impacts as the proposed project (less than significant). Operational impacts would be the same, because the number of employees and amount of traffic generated would be the same. Construction-related traffic would be similar to that generated by the project because the construction phasing and duration would

be similar. Parking impacts would be the same for construction and operation as those of the project (less than significant); however, this alternative would provide for more parking in the Main East Lot. Fifty-one additional parking spaces would be provided under this alternative, resulting in a reduced parking deficiency. This alternative would have the same number of loading spaces as the proposed project and the loading demand would be approximately the same. Therefore, loading impacts would be the same as for the proposed project, i.e., less than significant.

Visual Quality

The effects on visual quality under Alternative One would be similar to those of the proposed project. The primary differences would be that (1) the existing Clarendon Hall would remain and the new Clarendon Hill West Building would not be built, (2) a new Clarendon Hill East Building would be built that would be the same height but have a larger footprint, and (3) the Greenhouse Building would be taller and larger than under the proposed project.

Looking east from Laguna Honda Boulevard, as shown in **Figure 3.3-2 in Section 3.3, Visual Quality**, the view with this alternative would be without the Clarendon Hill West building since that would not be constructed and the existing Clarendon Hall is 4 stories lower and would not be visible from this viewpoint.

Looking northeast from Edgehill Way, as shown in **Figure 3.3-3 (Revised) in Section 3.3, Visual Quality**, the view under this alternative would be very similar to that under the proposed project, except that the Clarendon Hill West Building would not be present and the lower Clarendon Hall would be visible in its place. In addition, the Greenhouse would be more visible as it would be one story higher and have a larger footprint.

Looking southwest from Twin Peaks Park, as shown in **Figure 3.3-4 in Section 3.3, Visual Quality**, the Greenhouse Building would be more visible since it would be one story higher and have a larger footprint. The visual impact from the Twin Peaks Park viewpoint would be significant under this alternative because of the prominence and scale of the Link Building, which would be the same as under the proposed project.

Impacts related to tree removal and light and glare would be slightly greater than those under the proposed project since the new Clarendon Hill East and Greenhouse Building footprints of Alternative One would extend further to the east, removing part of the tree buffer along the eastern boundary of the project site. However, since the majority of the trees on the project site and the tree buffer would still be preserved, the impact would still be less than significant. The additional lighting sources associated with Alternative One would not represent a new source of substantial light, given the developed nature of the area.

Construction Noise

Under Alternative One, the noise associated with demolition of Clarendon Hall and construction of Clarendon Hill West would not occur. There would be some noise associated with renovating Clarendon Hall but it would be at much reduced levels compared with demolition and construction of a new building. Therefore, construction noise impacts to existing hospital residents during Phase Three-A would be less than significant under this alternative. (Construction noise impacts to hospital residents during Phase Three-A would be significant under the proposed project.) Construction noise levels

associated with trucks and pavers would, at times, exceed the City's Noise Ordinance 80-dBA noise limit (at 100 feet). This is considered to be a significant impact and would be the same as under the proposed project.

Construction noise impacts to hospital residents during the other construction phases under this alternative would be similar to those of the proposed project. The footprints of the Clarendon East and Greenhouse buildings would be up to 100 feet closer to the Dellbrook Avenue residences. For some types of construction activities, this change in distance could result in noise levels that would exceed the speech interference criterion, which would result in a significant impact.

Historic Architectural Resources

Alternative One would retain and rehabilitate Clarendon Hall as an assisted living facility and retain and rehabilitate Wings A, B, C, and H of the Main Hospital Building for administrative purposes. As discussed in Section 3.5, **Historic Architectural Resources**, the Laguna Honda hospital campus as a whole appears eligible as a National Register of Historic Places (NRHP) district, and Clarendon Hall and the Main Hospital Building appear eligible for the NRHP as individual buildings. Therefore, the impacts to historic architectural resources would be reduced, but not eliminated, because more of these structures would be preserved. This alternative would preserve Clarendon Hall while under the proposed project Clarendon Hall would be demolished. Impacts to historic architectural resources with implementation of this alternative would be less than with the proposed project, but would remain significant.

Hazards

Impacts related to hazards would be the same as for the proposed project. Because the project sponsor would be required to comply with existing rules and regulations pertaining to the removal and disposal of asbestos and lead-based paint, no significant impacts regarding those materials would occur.

Construction workers may encounter soil and/or groundwater contamination during site preparation activities, potentially exposing them and the public to hazardous substances. This would be the same as for the proposed project and is considered a potentially significant impact.

Shadow

A qualitative analysis was conducted of the shadow impacts of Alternative One. The analysis found that the proposed Clarendon Hill East Building would cast a shadow on the adjacent Midtown Terrace Park during the same time of the year as the proposed project.

Alternative One would cast less of a shadow near the community building and more of a shadow on the eastern side of the grass area, compared to the proposed project. Similar to the proposed project

however, the shadow from Alternative One would not reach the children's playground in the park. The total shadow square foot hours under Alternative One would be about 40 percent higher than the proposed project, that results in a 0.01 percent reduction in sunlight square foot-hours to the park.

Similar to the proposed project, given the time of day, the period of the year, and the duration of the shadow, the shadow is unlikely to deter visitors from using the park. The recreational uses of the park, including the community building, and the children's playground would have complete access to sunlight. The percent reduction in sunlight square foot hours to the park would be slightly higher under this alternative (i.e., 0.03 percent higher). For these reasons, it appears that Alternative One would have a less than significant impact related to shadow.

Relation to the Project Objectives

Alternative One would meet 12 of the 20 project objectives. Specifically, this alternative would not meet Objectives 3, 9, 10, 11, 13, 16, 19, and 20. Placement of the assisted living facility in Clarendon Hall would not meet Objective 3 because those residents would be located across Clarendon Valley at a different area of the project site than the outpatient services in the Main Hospital Building. Since the new Clarendon Hill East Building and Greenhouse Building would house 90 residents per floor in order to accommodate a similar number of total residents as the proposed project, it would not meet Objectives

9, 10, and 11 which require no more than 60 residents per floor to optimize the use of nursing, laundry, and dietary active therapy staff, provide a manageable social environment, and provide a central dining area. Because of the larger building footprint for the new Clarendon Hill East Building and Greenhouse Building, more grading would be required and large retaining walls would be constructed. The walls would limit the views from some of the residents' rooms, which would conflict with the Objective 13. In addition, the wayfinding through such a large floorplan could be confusing, which would not meet Objective 16. This alternative would achieve Objective 17, recognize site history, better than the proposed project since Clarendon Hall would be preserved. Upgrading Clarendon Hall to meet current seismic standards would be technically difficult and considerably more costly than demolishing the structure and replacing it with a new building. In addition, the cost associated with the extensive grading, large retaining walls, and foundation work would likely make the cost of constructing this alternative exceed the available project funding. Thus, the Objective 19 would likely not be met. Since the cost of constructing this alternative would likely exceed the available funding, then Objective 20 likely would not be met because funding would not be available to construct improvements around the site boundary.

Conclusion

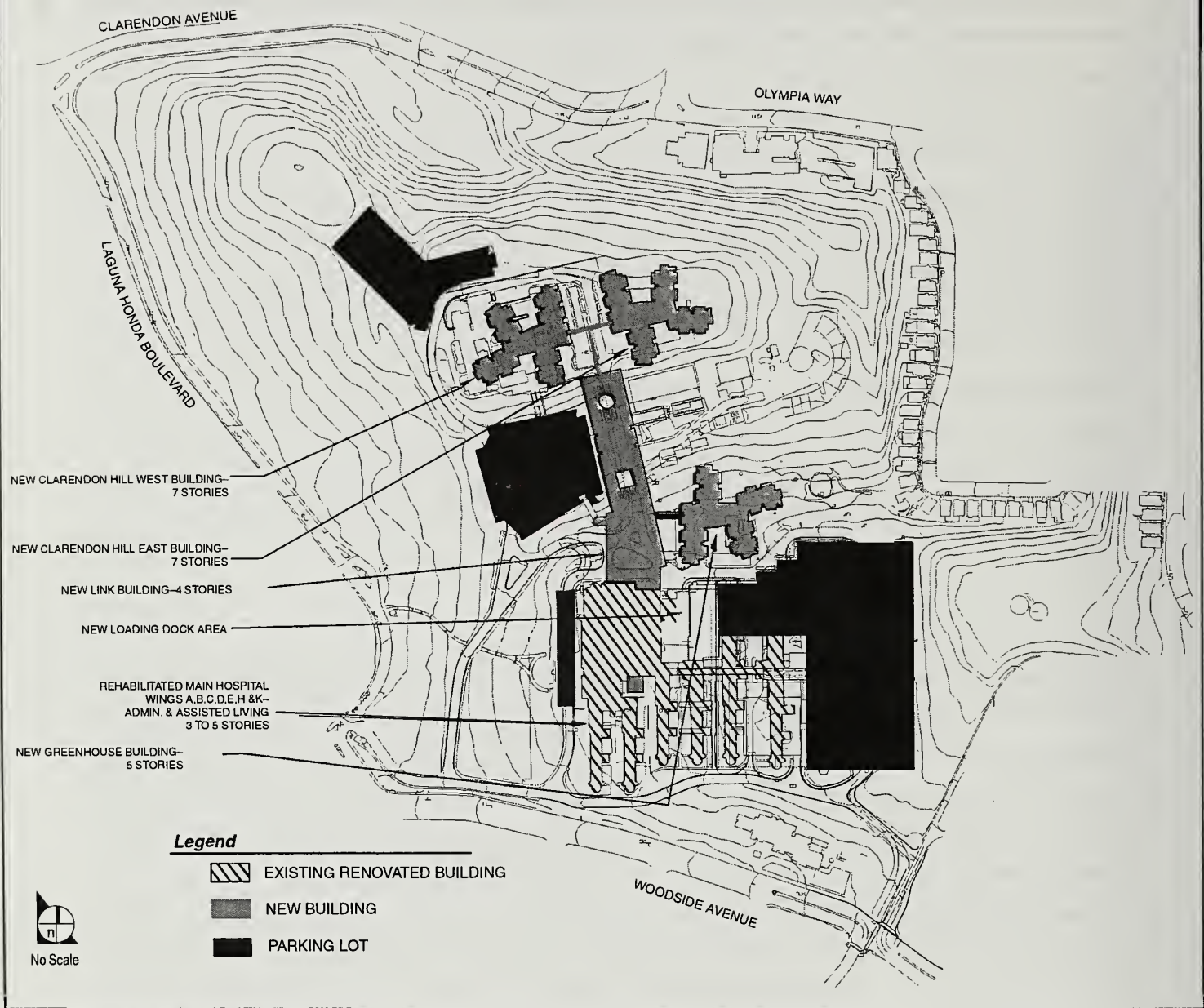
This alternative would substantially reduce the level of impacts to historic architectural resources by preserving Clarendon Hall; however, the impact to historic architectural resources would still be significant. Construction noise impacts to hospital residents would be reduced to a less-than-significant level during one of the construction phases. A new significant construction noise impact could occur to residents along Dellbrook Avenue. The visual impact from Twin Peaks Park would be slightly different under this alternative, but would still be significant. Impacts regarding land use and planning and transportation, circulation, and parking would be less than significant. Based on a qualitative shadow analysis conducted for Alternative One, similar to the proposed project, shadow impacts would be less than significant. This alternative would meet 12 of the 20 project objectives.

A4(b) Partial Preservation Alternative Two

Description

Like Alternative One, Partial Preservation Alternative Two would meet the spatial, service, and technical needs of Laguna Honda hospital while preserving and/or retrofitting some of the historic features of the buildings and site. As shown in **Figure 6.0-2, Alternative Two: Site Plan (Revised)**, this alternative would retain and rehabilitate portions of Wings A, B, C, and H of the Main Hospital Building for administrative use, and Wings D, E, and K and portions of Wings F, G, and L as an assisted living facility. The new Greenhouse and Clarendon Hill East and West Buildings would provide 1,140

new hospital beds, and would be similar in design with respect to size and building placement, as under the proposed project. The new Link Building



SOURCE: Architectural Resources Group

FIGURE 6.0-2

Alternative Two: Site Plan (Revised)

would provide 60 beds, and would also be the same size as under the proposed project. The total number of beds provided in Alternative Two would be 1,340, the same as for the proposed project.

Similar to the proposed project, Partial Preservation Alternative Two would be achieved through a series of construction phases that would allow the facility to remain functional during the development of new buildings. Residents would be relocated into the new buildings upon completion and portions of the Main Hospital Building would be used for a residential care facility. Further, temporary parking would be provided during construction and, upon project completion, the bulk of parking would be in the Main East Lot, New Clarendon West Lot, and West Valley Lot (similar to the proposed project). Upon completion of Alternative Two approximately 626 parking spaces would be provided on site, 29 fewer parking spaces than under the proposed project. As under the proposed project, Alternative Two would include 11 loading spaces.

Environmental Analysis

The Initial Study prepared for the proposed project determined that impacts in the following issue areas would be less than significant: population, operational noise, air quality (air quality standards, pollutant concentrations, odors, and wind), utilities/public services, biology, geology/topography, water, energy/natural resources, hazards (emergency response plans and fire hazards) and archaeological and paleontological resources. The analyses provided in the Initial Study, conducted for the above-mentioned resources, pertain to the entire property. For example, the biology analysis considered the biological impacts to the entire site and not just the developed portion of the campus. In addition, implementation of this alternative would result in the same increases in site use by residents, employees, and visitors. For these reasons, environmental effects associated with these resources resulting from implementation of Alternative Two would be less than significant. The Initial Study for the proposed project also found that the air quality/shadow effects of the project would be less than significant. However, the EIR includes an analysis of project shadow effects pursuant to Proposition K, because the proposed project has been refined subsequent to the completion of the Initial Study. Therefore, the analysis of Alternative Two includes a discussion of shadow.

Land Use and Planning

Under Alternative Two, the proposed development of the site would be consistent with the current use of the site as a hospital. The proposed assisted living facility would provide assisted care and housing opportunities for the elderly and disabled, which would be consistent with the current use of the site and the residential uses in the surrounding neighborhood.

As with the proposed project the proposed buildings under this alternative would not comply with the height requirements of the 80-D height and bulk district, which would require a rezoning from the 80-

■ foot height district to the 90-foot height district. In addition, the proposed buildings would not conform to the bulk requirements. Pursuant to Section 271 (b) of the Planning Code, deviations from bulk limits shall be permitted upon approval of the Planning Commission according to the procedures for Conditional Use approval in Section 303 of the Code. This required change would be the same as for the proposed project.

●

The existing open space boundary has not been clearly defined by the Planning Department and is presented as an approximation on **Figure 2.0-2, Existing Site Plan**. However, the Planning Department determined that the proposed project would not result in a substantial change in the open space boundary and thus a *General Plan* amendment would not be required for the proposed project.

The proposed use of the site as a public hospital and assisted living facility is consistent with the site's *General Plan* designation.

Transportation, Circulation, and Parking

Alternative Two would have essentially the same transportation and circulation impacts as the proposed project (less than significant). Operational impacts would be the same, because the size of the facilities, number of employees, and amount of traffic generated would be the same. Construction-related traffic would be similar to that generated by the proposed project because the construction phasing and duration would be similar. Parking impacts would be the same for construction since the same amount of parking would be provided as with the proposed project. However, upon completion, the Main East Lot would have fewer parking spaces than under the proposed project. There would be 29 fewer parking spaces than under the proposed project. Alternative Two would also result in a shortage of parking relative to demand, but the impact would not be considered to be significant because of the availability of on-street parking and the opportunities to re-designate non-employee parking on the project site. Loading impacts would be the same as under the proposed project (less than significant) because the same number of loading spaces would be provided and the demand would be similar.

Visual Quality

Impacts to visual quality under Alternative Two would be similar to those of the proposed project. The primary difference would be from retaining Wings D, E, and K of the Main Hospital Building. The view looking east from Laguna Honda Boulevard (**Figure 3.3-2 in Section 3.3, Visual Quality**) would be essentially the same as it would be under the proposed project. Since these wings would be retained under this alternative, the view of the project site as seen from Edgehill Way (**Figure 3.3-3 (Revised) in Section 3.3, Visual Quality**) would remain essentially the same as it is today. Therefore, this alternative would not result in a significant impact to views from that location. The significant impact to the view from Twin Peaks Park would occur under this alternative, as under the proposed project, because the Clarendon Hill West and East and Link Buildings would still be constructed.

Impacts related to tree removal and light and glare would be similar to those of the proposed project (less than significant). The land area used for development would be similar to that used under the proposed project, and the majority of the trees on the project site and the tree buffer would still be

preserved. The additional lighting sources associated with Alternative Two would not represent a substantial new source of light, given the developed nature of the area.

Construction Noise

The primary difference in construction noise impacts with Alternative Two compared with the proposed project would be that the noise associated with demolition of existing Wings D, E, and K and construction of the new assisted living facility would not occur. Noise associated with renovation of Wings D, E, and K would be generated, but it would be at reduced levels compared to noise associated with demolition and new construction. Therefore, noise impacts to hospital residents during this period would be reduced. However, since Wings G, L, M, and O would still be demolished under this alternative, noise impacts to hospital residents would still be significant during construction Phase Three-B, although of less intensity and duration than with the proposed project. Construction noise levels associated with trucks and pavers would, at times, exceed the City's Noise Ordinance 80-dBA noise limit (at 100 feet). This is considered to be a significant impact and would be the same as under the proposed project. Construction noise impacts during the other construction phases with this alternative would be similar to those of the proposed project.

Historic Architectural Resources

Alternative Two would retain and rehabilitate Wings A, B, C, and H of the Main Hospital Building for administrative use and Wings D, E, and K for an assisted living facility. As discussed in **Section 3.5, Historic Architectural Resources**, the Laguna Honda hospital campus as a whole appears eligible as a NRHP district, and Clarendon Hall and the Main Hospital Building appear eligible for the NRHP as individual buildings. Therefore, impacts to historic architectural resources would be reduced under this alternative, because more of the Main Hospital Building would be preserved. Nonetheless, the impacts of this alternative on historic architectural resources would remain significant.

Hazards

Impacts related to hazards would be the same as for the proposed project. Because the project sponsor would be required to comply with existing rules and regulations pertaining to the removal and disposal of asbestos and lead-based paint, no significant impacts regarding those materials would occur.

Construction workers may encounter soil and/or groundwater contamination during site preparation activities, potentially exposing them and the public to hazardous substances. This would be the same as for the proposed project and is considered a potentially significant impact.

Shadow

A qualitative analysis was conducted of the shadow impacts of Alternative Two. The analysis found that the placement, size, and shape of the proposed Clarendon Hill West and East Buildings under this alternative would be identical to the proposed project. Subsequent to the completion of the Initial

Study, a quantitative shadow analysis was prepared for the proposed project and is discussed in detail in Section 3.7, Shadow, of this EIR. The findings of this shadow analysis would also apply to Alternative Two due to the identical nature of the proposed buildings (Clarendon Hill West and East and Greenhouse Building). Therefore, similar to the proposed project, Alternative Three would not cast a significant shadow on the adjacent Midtown Terrace Park and impacts to shadow are considered less than significant for this alternative.

Relation to the Project Objectives

Alternative Two would satisfy 16 of the 20 project objectives, but would not meet Objectives 15 and 18 and may not meet Objectives 19 and 20. Preserving Wings D, E, and K and portions of Wings F, G, and L

would make it difficult to develop adequately-sized, level, covered access to the Adult Day Health Care and Senior Nutrition Program areas. Therefore, Objective 15 would not be met under this alternative. Alternative Two would achieve Objective 17, recognize site history, better than the proposed project since more of the Main Hospital Building would be preserved. Objective 18, separating service traffic from other traffic, would not be achieved because preserving the south-facing Wings D, E, and K would necessitate routing service vehicles to the main loading dock via the staff parking lot and down a steep driveway adjacent to the Greenhouse Building. This routing of service vehicles would increase onsite traffic noise because trucks returning up the steep driveway would need to accelerate. Due to the cost of upgrading Wings D, E, and K and portions of Wings F, G, and L to meet current seismic standards, Alternative Two may not meet Objective 19, which is not to exceed the available project funding. If Alternative Two could not meet Objective 19, then it likely would not meet Objective 20 either, because funding would not be available to construct improvements around the site boundary.

Conclusion

Alternative Two would reduce the level of impacts to historic architectural resources by retaining Wings D, E, and K and portions of Wings F, G, and L of the Main Hospital Building. Although other wings would be demolished under this alternative, the retention of the additional wings would leave more of the building intact. However, impacts to historic architectural resources would still be significant. Construction noise levels during Phase Three-B would be lower than under the proposed project, but would still be significant. The amount of on-site parking spaces would be reduced with this alternative, but impacts to transportation, circulation, and parking would be less than significant. Impacts regarding land use and planning would be similar to those of the proposed project; i.e., less than significant. This alternative would have the same significant impact to views from Twin Peaks Park as under the proposed project. Because the size, placement, and design of the proposed Clarendon Hill West and East Buildings are identical to the proposed project, shadow impacts would be similar to the proposed project, less than significant. Alternative Two would meet 16 of the 20 project objectives.

A4(c) Partial Preservation Alternative Three

Description

Like Alternative Two, Partial Preservation Alternative Three would meet the spatial, service, and technical needs of Laguna Honda hospital while preserving and/or retrofitting some of the historic features of the buildings and site. As shown in **Figure 6.0-3, Alternative Three: Site Plan**, this alternative would retain and rehabilitate portions of Wings A, B, C, and H of the Main Hospital Building for administrative use, and retain and rehabilitate Wings K and M and portions of Wings L and O of the Main Hospital for use as an assisted living facility and childcare facility. The assisted

living facility would contribute 140 beds to the new hospital. The new Greenhouse and Clarendon Hill East and West Buildings would provide 1,140 new hospital beds, and be similar to the proposed project in size, building placement, and design. Similar to the proposed project, the proposed Clarendon Hill East and West Buildings would have a total of eight wings. Two wings would face north, four wings would face south, one wing would face west and one would face east. The new Clarendon Hill West and East Buildings would connect to the proposed Link Building, as described for the proposed project. The new Link Building would be the same size as the new Link Building under the proposed project and would also provide 60 beds. The new Link Building, similar to the proposed project, would connect to the northern end of Wing H of the existing Main Hospital Building by a two-story connector building. Including assisted living beds, the total number of beds provided in Alternative Three would be 1,340, the same as for the proposed project.

Similar to the proposed project, Partial Preservation Alternative Three would be achieved through a series of construction phases that would allow the facility to remain functional during the development of new buildings. Residents would be relocated into the new buildings upon completion and Wings K and M and portions of Wings L and O of the Main Hospital Building would be used for an assisted living facility. Further, temporary parking would be provided during construction and, upon project completion, the bulk of parking would be in the Main East Lot, New Clarendon West Lot, and West Valley Lot (similar to the proposed project). Upon completion of Partial Preservation Alternative Three, approximately 655 parking spaces and 11 loading spaces would be provided on site, the same as under the proposed project.















Although the basic characteristics of Alternative Three are largely the same as under the proposed project, the reconfiguration of the parking lots, the square footage of the assisted living facility, and the configuration of the Link Building are somewhat different under this alternative. As shown in **Figure 6.0-3**, the New Clarendon West parking lot would extend further to the northwest, southwest, and northeast than under the proposed project (refer to **Figure 2.0-4 (Revised)** for the proposed project site plan).

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SITE BOUNDARY

LIMITS OF CONSTRUCTION

Legend

-  PROJECT SITE
-  CONSTRUCTION BOUNDARY
-  CLARENDON WEST PARKING LOT
-  CLARENDON HILL WEST BUILDING
-  CLARENDON HILL EAST BUILDING
-  CLARENDON VALLEY PARKING LOT
-  LINK BUILDING
-  GREENHOUSE BUILDING
-  MAIN FRONT ENTRY PARKING LOT
-  REHABILITATED MAIN HOSPITAL BUILDING WINGS A,B,C AND H
-  ASSISTED LIVING FACILITY AND CHILDCARE IN REHABILITATED WINGS K, M AND PORTIONS OF L AND O
-  MAIN EAST PARKING LOT
-  ACCESS RAMP
-  RE-FUELING STATION



0 100 200 400

FEET
SCALE APPROXIMATE

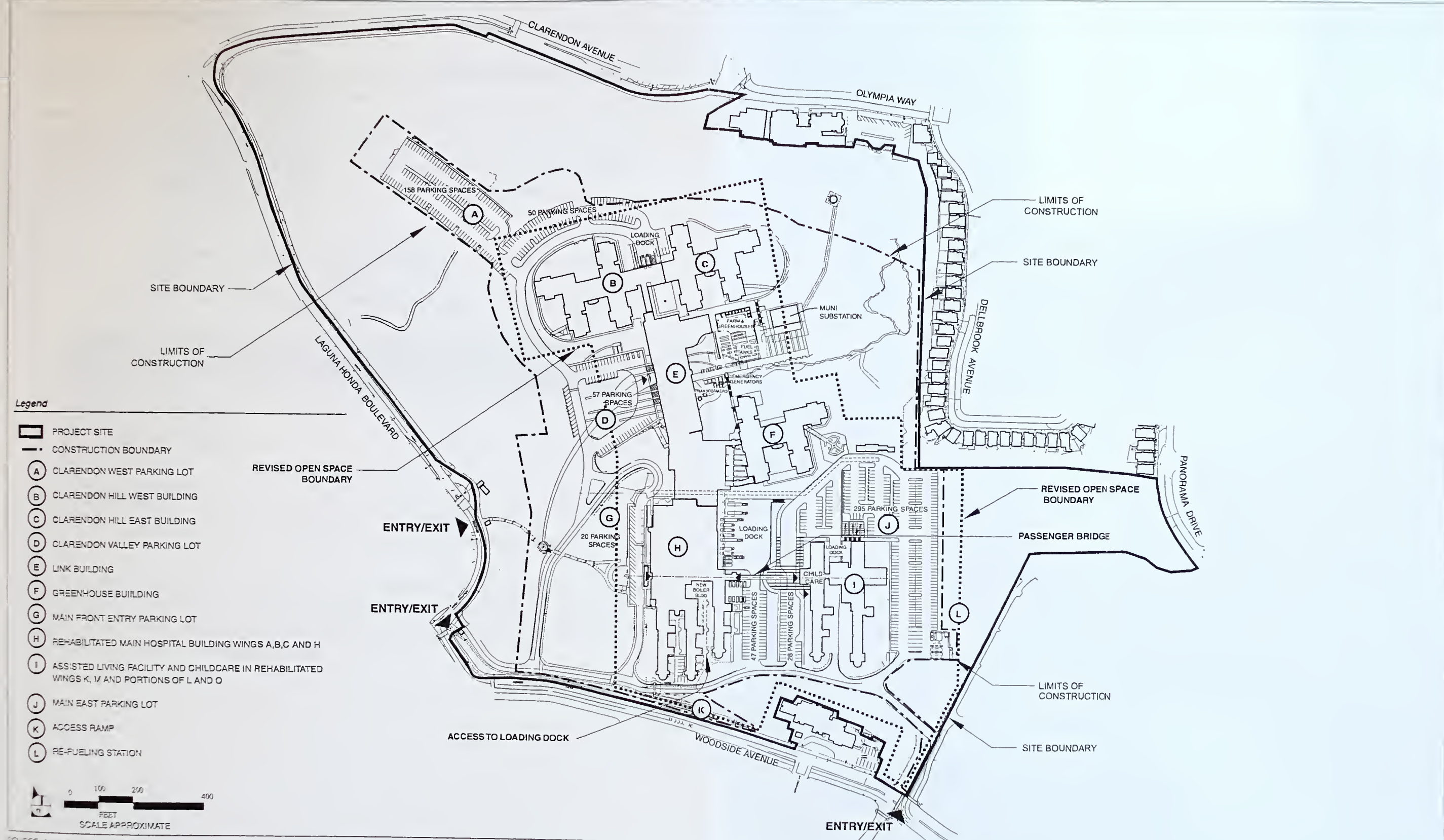
REVISED OPEN SPACE

PANORAMA DRIVE

SOURCE: Anshen + Allen Architects

FIGURE 6.0-3

Alternative Three: Site Plan



SOURCE: Andres - Allen Architects

FIGURE 6.0-3

Alternative Three: Site Plan

Parking spaces in the Main East parking lot would include spaces between the Main Hospital Building and the proposed assisted living facility. Parking spaces would also be located north and east of the assisted living facility. **Table 6.0-2, Differences Between Partial Preservation Alternative Three and the Proposed Project Parking Spaces**, shows the difference in the number of parking spaces for each proposed parking lot. Although the parking lots would differ in their shape and number of parking spaces, the total number of parking spaces would remain at 655, the same as the proposed project.

Table 6.0-2
Differences Between Partial Preservation Alternative Three and the Proposed Project Parking Spaces

	Proposed Project # of Parking Spaces	Alternative Three # of Parking Spaces
Main East Parking Lot	340	370
Main Front Entry Parking Lot	24	20
Clarendon Valley Parking Lot	119	57
New Clarendon West Parking Lot	164	208
Service Driveways	8	0
Total Parking Spaces	655	655

The square footage of the assisted living facility would be slightly higher than under the proposed project. Under this alternative, the assisted living facility would be 109,000 gross square feet, 14,000 gross square feet more than the proposed project. **Table 6.0-3** provides a summary comparison of the characteristics of Alternative Three to the proposed project.

Table 6.0-3
Summary Comparison of Partial Preservation Alternative Three to Proposed Project

	# Stories	# Beds	Approx. Gross Square Footage
Proposed Project			
Old Main Hospital Building (Wings A, B, C, and H)	3 to 5	0	204,931
New Clarendon Hill West Building	7	420	195,474
New Clarendon Hill East Building	7	420	195,474
New Connector between Clarendon Buildings	2	0	8,144
New Greenhouse Building	5	300	146,976
New Connector between Link Building and Greenhouse Building	2	0	2,032
New Link Building	4	60	138,879
New Assisted Living Facility	4	140	95,000
Total		1,340	986,910
Partial Preservation Alternative Three			
Old Main Hospital Building (Wings A, B, C, and H)	3 to 5	0	204,931
Old Main Hospital Building (Wings K and M and portions of L and O)/New Assisted Living Facility	3 to 5	140	109,000
New Clarendon Hill West Building	7	420	195,474
New Clarendon Hill East Building	7	420	195,474
New Connector between Clarendon Buildings	2	0	8,144
New Greenhouse Building	5	300	146,976
New Connector between Link Building and Greenhouse Building	2	0	2,032
New Link Building	4	60	138,879
Total		1,340	1,000,910

Source: Architectural Resources Group, Schematic Design, June 28, 2001.

Another difference between Partial Preservation Alternative Three and the proposed project would be the configuration of the Link Building. Under this alternative, the proposed Link Building would extend further east at both ends of the building. The extension on the northern end of the Link Building would provide a one-story rehabilitation center instead of a childcare center as under the proposed project. The childcare center and associated playground would be located in the new assisted living facility adjacent to the Main Hospital Building. Although the design of the Link Building would be

slightly different than under the proposed project, the total square footage would be the same as under the proposed project. Similar to the proposed project, Partial Preservation Alternative Three would be implemented in three major phases. The phasing plans for this alternative are included **Appendix 6.0** of this document. In general, construction Phase One consists of Phases A through D; Phase Two is generally the same as Phase E; Phase Three-A is generally the same as Phases F through H; and Phase Three-B is generally the same as Phases I and J.

Environmental Analysis

The Initial Study prepared for the proposed project determined that impacts in the following issue areas would be less than significant: population, operational noise, air quality (air quality standards, pollutant concentrations, odors, and wind), utilities/public services, biology, geology/topography, water, energy/natural resources, hazards (emergency response plans and fire hazards), and archaeological and paleontological resources. It should be noted that the analyses provided in the Initial Study, conducted for the above-mentioned resources, pertain to the entire property. For example, the biology analysis considered the biological impacts to the entire site and not just the developed portion of the campus. In addition, implementation of this alternative would result in the same increases in site use by residents, employees, and visitors as the proposed project. Therefore, the extended construction boundary would not result in an increase in impacts in the above issue areas analyzed in the Initial Study.

The Initial Study for the proposed project also found that the air quality/shadow effects of the project would be less than significant. However, the EIR includes an analysis of project shadow effects pursuant to Proposition K (please refer to **Section 3.7, Shadow**, of this document), because the proposed project has been refined subsequent to the completion of the Initial Study. Therefore, the analysis of this alternative also includes a discussion of shadow.

Land Use and Planning

The proposed development of Partial Preservation Alternative Three would be consistent with the current use of the site as a hospital. The proposed assisted living facility would provide assisted care and housing opportunities for the elderly and disabled, which would be consistent with the current use of the site and the residential uses in the surrounding neighborhood.

As with the proposed project, the proposed buildings under this alternative would not comply with the height requirements of the 80-D height and bulk district, which would require a rezoning from the 80-foot height district to the 90-foot height district. In addition, the proposed buildings would not conform to the bulk requirements. Pursuant to Section 271 (b) of the Planning Code, deviations from bulk limits shall be permitted upon approval of the Planning Commission according to the procedures for

Conditional Use approval in Section 303 of the Code. This required change would be the same as for the proposed project.

■ **Figure 2.0-4, Proposed Site Plan (Revised)**, has been refined to include the revised open space boundary proposed as a result of the project. The existing open space boundary is a general schematic and has not been clearly defined by the City Planning Department. The City Planning Department has recently determined that because the proposed project would result in only minor and very specific changes in the open space boundary and would not change the general configuration, a *General Plan* Amendment is not needed to justify the proposed project.²

The proposed use of the site as a public hospital and assisted living facility is consistent with the site's *General Plan* designation.

Transportation, Circulation, and Parking

Partial Preservation Alternative Three would have essentially the same transportation and circulation impacts as the proposed project (less than significant). Operational impacts would be the same, because the size of the facilities, number of employees, and amount of traffic generated would be the same. Construction-related traffic would be similar to that generated by the proposed project because the construction phasing and duration would be similar. Parking impacts would be the same for construction since the same amount of parking would be provided as with the proposed project. Alternative Three would also result in a shortage of parking relative to demand, but the impact would not be considered to be significant because of the availability of on-street parking and the opportunities to re-designate non-employee parking on the project site. Loading impacts would be the same as under the proposed project (less than significant) because the same number of loading spaces would be provided and the demand would be similar.

Visual Quality

Impacts to visual quality under Alternative Three would be similar to those of the proposed project. The primary difference would be from retaining Wings K and M and portions of Wings L and O of the Main Hospital Building. The view looking east from Laguna Honda Boulevard (**Figure 3.3-2 in Section 3.3, Visual Quality**) would be essentially the same as it would be under the proposed project. Since Wings K and M and portions of Wings L and O of the Main Hospital Building would be retained under this alternative, the view of the project site as seen from Edgehill Way (**Figure 3.3-3 (Revised) in Section 3.3, Visual Quality**) would remain essentially the same as it is today. Therefore, this alternative would not result in a significant impact to views from Edgehill Way. The significant

■ ² Crawford, Rick, San Francisco Planning Department, telephone conversation, June 4, 2002.

impact to the view from Twin Peaks Park would occur under this alternative, as under the proposed project, because the Link Building would still be constructed and would be of similar scale and mass as under the proposed project.

Impacts related to tree removal and light and glare would be similar to those of the proposed project (less than significant). The land area used for development would be similar to that under the proposed project, and the majority of the trees on the project site and the tree buffer would still be preserved. The additional lighting sources associated with the larger New Clarendon West Parking Lot would not represent a substantial new source of light, given the overall developed nature of the area.

Construction Noise

The primary difference in construction noise impacts with Alternative Three compared with the proposed project would be that the noise associated with demolition of existing Wings K and M and construction of the new assisted living facility would not occur. Noise associated with renovation of Wings K and M and portions of Wings L and O would be generated, but it would be at reduced levels compared to noise associated with demolition and new construction. Therefore, noise impacts to hospital residents, residents of the senior living facility, and residents of homes south of Woodside Avenue during this period would be reduced compared to the proposed project. However, since Wings D, E, G, and F and portions of Wings L and O would still be demolished under this alternative, noise impacts to hospital residents and the residents of the senior housing facility would still be significant during construction Phase Three-B, although of less intensity and duration than with the proposed project. Construction noise levels associated with trucks and pavers would, at times, exceed the City's Noise Ordinance 80-dBA noise limit (at 100 feet). This is considered to be a significant impact and would be the same as under the proposed project. Construction noise impacts during the other construction phases with this alternative would be similar to those of the proposed project.

Historic Architectural Resources

Alternative Three would retain and rehabilitate Wings A, B, C, and H of the Main Hospital Building for administrative use and Wings K and M and portions of Wings L and O for an assisted living facility and childcare center. As discussed in **Section 3.5, Historic Architectural Resources**, the Laguna Honda hospital campus as a whole appears eligible as a NRHP district, and Clarendon Hall and the Main Hospital Building appear eligible for the NRHP as individual buildings. Therefore, impacts to historic architectural resources would be reduced under this alternative compared to the proposed project, because more of the Main Hospital Building would be preserved. Nonetheless, the impacts of this alternative on historic architectural resources would remain significant.

Hazards

Impacts related to hazards would be the same as for the proposed project. Because the project sponsor would be required to comply with existing rules and regulations pertaining to the removal and disposal of asbestos and lead-based paint, no significant impacts regarding those materials would occur.

Construction workers may encounter soil and/or groundwater contamination during site preparation activities, potentially exposing them and the public to hazardous substances. This would be the same as for the proposed project and is considered a potentially significant impact.

Shadow

The placement, size, and shape of the proposed Clarendon Hill West and East Buildings under this alternative would be identical to the proposed project. Subsequent to the completion of the Initial Study, a quantitative shadow analysis was prepared for the proposed project and is discussed in detail in **Section 3.7, Shadow** of the EIR. The findings of this shadow analysis would also apply to Alternative Three due to the identical nature of the proposed buildings. Therefore, similar to the proposed project, Alternative Three would not cast significant shadows on the adjacent Midtown Terrace Park, and for environmental purposes, shadow impacts would be less than significant for this alternative. (As with the proposed project, the Planning Commission, acting with the advice of the Recreation and Park Commission, will determine whether the shadow cast on Midtown Terrace Park is or is not significant, under Planning Code Section 295. Given the analysis and conclusions in this document, it is anticipated that the Planning Commission and Recreation and Park Commission will determine that the shadow impacts are not significant under Section 295 of the Planning Code.)

Relation to the Project Objectives

Like the proposed project, Alternative Three would satisfy all of the 20 project objectives. Preserving Wings K and M and portions of Wings L and O would allow the development of adequately-sized, level, covered access to the Adult Day Health Care and Senior Nutrition Program areas. Alternative Three would achieve Objective 17, recognize site history, better than the proposed project since more of the Main Hospital Building would be preserved. Objective 18, separating service traffic from other traffic, would be achieved because this alternative demolishes Wings D, E, F, and G, which allows access to the loading docks. The cost of upgrading two whole wings, Wings K and M and portions of Wings L and O to meet current seismic standards is expected to be similar to the cost of clearing the site and building a new assisted living building under the proposed project.

Conclusion

Alternative Three would reduce the level of impacts to historic architectural resources by retaining Wings K and M and portions of Wings L and O of the Main Hospital Building. Although other wings

would be demolished under this alternative, the retention of the additional wings would leave more of the original building intact. However, impacts to historic architectural resources would still be significant. Construction noise levels during Phase Three-B would be lower than under the proposed project, but would still be significant. Impacts to transportation, circulation, and parking would be less than significant, similar to the proposed project. Impacts regarding land use and planning and would be similar to those of the proposed project; i.e., less than significant. This alternative would have the same significant impact to views from Twin Peaks Park as under the proposed project. Because the size, placement, and design of the proposed Clarendon Hill West and East Buildings are identical to the proposed project, shadow impacts would be similar to the proposed project. Alternative Three would meet all 20 of the project objectives.

A4(d) No Project Alternative

Description

The CEQA *Guidelines* require that a "No Project" Alternative be evaluated in an EIR. The *Guidelines* further state that the "no project" analysis should discuss what would reasonably be expected to occur in the foreseeable future if the project was not approved, based on current land use regulations and plans.

Under the No Project Alternative, the proposed demolition and replacement of the current hospital facilities would not occur. As described in **Section 2.0, Project Description**, the present facilities at Laguna Honda hospital are deficient for meeting today's regulatory requirements for providing good

quality patient care in several ways. Consequently, the hospital is being operated under special waivers from regulatory agencies. These waivers can be revoked at any time.

If the hospital continued to operate without making the improvements necessary to comply with state and federal regulations, the waivers under which it presently operates would be revoked and the hospital would be shut down. The approximately 1,200 to 1,500 residents that are served by the hospital each year would need to be cared for elsewhere. The hospital only serves residents of San Francisco and equally accessible patient care would need to be provided in the City or elsewhere. Existing hospitals within San Francisco could not accommodate this many additional residents, so that some residents would then need to be accommodated in facilities outside of San Francisco. If there are not enough existing facilities outside of San Francisco to accommodate these residents, then new facilities would need to be constructed outside of the City.

Addressing the regulatory deficiencies of Laguna Honda hospital without demolishing existing buildings and constructing new facilities would require extensive remodeling and renovation of the existing buildings. Upgrading the hospital buildings to meet current federal requirements that allow no more than four residents to a room would require reducing the total bed capacity by approximately 50 percent. This would make operation of the facility inefficient because the physical arrangement of the existing buildings would result in one nurse station for every 19 beds, whereas the present standard operating ratio is 30 beds per nurse station. Rehabilitating the existing structure to meet current regulations would be costly, and 50 percent of the hospital's residents would still need to find care elsewhere. Because much of the funding to operate the hospital comes from Medicare and Medicaid reimbursements, approximately 50 percent of those reimbursements would be lost due to the reduction in resident census. Funding required to operate the facility would be higher per resident because of fixed operating costs and the inefficiencies mentioned above. Therefore, additional funding would be needed from the City and County of San Francisco to operate the facility which would reduce funding for other City-provided services. It is unclear whether the political will would exist to reallocate the City's funding priorities to support the higher costs of operating Laguna Honda hospital under this scenario. Therefore, the fiscal feasibility of this scenario is questionable.

Furthermore, the technical feasibility of rehabilitating the existing structures for skilled nursing use is uncertain. OSHPD is responsible for overseeing all aspects of hospital construction in California, including remodeling and retrofitting existing buildings. OSHPD requires documentation and inspection during construction of compliant buildings. Since construction records are not available for the Main Hospital Building and Clarendon Hall, destructive testing would be required to verify that the buildings were completed in exact conformance with the blueprints. This requirement makes remodeling the existing buildings for skilled nursing use impractical.

Under the assumption that the fiscal, political, and technical challenges described above could be overcome, one of two general scenarios could therefore occur under the No Project Alternative. The existing facilities could be renovated to allow continued operation and 50 percent of the residents currently cared for at the hospital would need to find care elsewhere, or, alternatively, the hospital could be shut down and all of the residents would have to find care elsewhere. Either of these scenarios would most likely require construction of additional facilities outside of San Francisco. If the hospital were shut down, the project sponsor might decide to (1) abandon the buildings and allow them to deteriorate, (2) develop the site for some other use, or (3) sell the site to a private party who might develop the site for some other use.

Environmental Analysis

The environmental effects of the No Project Alternative would vary depending on which of the scenarios described above comes to fruition. If the existing structures were to be rehabilitated for skilled nursing use to serve 50 percent of the existing residents, most of the onsite impacts would be reduced compared to those under the proposed project. Construction duration would be shorter. There would be less traffic and less construction noise. Some of the potential impacts associated with soil and groundwater contamination would not occur. Views from Twin Peaks Park would not be altered and the impact to historic architectural resources would likely be avoided. There would be no additional shadow cast on Midtown Terrace Park. However, 50 percent of the residents would still need to be cared for at some other location. New facilities may need to be constructed outside of San Francisco to accommodate those residents. Impacts associated with constructing those new facilities are too speculative to predict, given that the location is also too speculative to predict.

If the project sponsor decided to develop the site for some other use, or if the site was sold to a private developer and developed for some other use, there could be lesser or greater impacts than those associated with the proposed project. Without additional information, it would be speculative to address these impacts more specifically. Any future redevelopment of the project site may be subject to further CEQA review, at which time any potential environmental impacts would be evaluated.

Relation to the Project Objectives

If the existing facilities are renovated as part of the No Project Alternative, most of the project objectives would not be met. The only objectives that would potentially be met are Objectives 4, 13, 16, and 17. If the hospital were shut down, none of the project objectives would be met.

Conclusion

The No Project Alternative would disrupt and displace patient care in San Francisco for many of the City's indigent population. Some environmental impacts would occur since either the existing buildings on site would need to be renovated and brought up to code and/or additional facilities would likely need to be constructed elsewhere to provide care for the residents who would be displaced. Renovating the existing buildings would be costly, would provide inefficient patient care, and would only accommodate approximately 50 percent of the current resident population. However, it is unlikely that the buildings would be renovated for skilled nursing use. Most or all of the project's objectives would not be met under the No Project Alternative.

B. ENVIRONMENTALLY SUPERIOR ALTERNATIVE

Alternative One has been identified as the Environmentally Superior Alternative because of its reduction of impacts to historic architectural resources. Alternative One would preserve Clarendon Hall in its entirety. Although Alternatives Two and Three would preserve more of the Main Hospital Building than either the proposed project or Alternative One, they still would not preserve the entire building. Therefore, Alternative One is considered the Environmentally Superior Alternative.

C. SUMMARY

As discussed in the introduction to this section, the CEQA *Guidelines* require that the discussion of alternatives to a project, or the location of a project, focus on those alternatives that can feasibly attain most of the basic objectives of the project while avoiding or reducing the significant impacts of the project as proposed. Table 6.0-4, **Comparison of Impacts by Alternative (Revised)** below provides a comparison of impacts by alternative and summarizes their ability to meet the project objectives.

Table 6.0-4
Comparison of Impacts by Alternative (Revised)

Impact Category	Proposed Project	Alternative One	Alternative Two	Alternative Three	No Project Alternative
Land Use	No significant impacts	No significant impacts	No significant impacts	No significant impacts	Impacts too speculative to predict
Transportation, Circulation, and Parking	No significant impacts	No significant impacts	No significant impacts	No significant impacts	Impacts too speculative to predict
Visual Quality	Significant impact to view from Twin Peaks Park	Significant impact to view from Twin Peaks Park	Significant impact to view from Twin Peaks Park	Significant impact to view from Twin Peaks Park	Impacts too speculative to predict
Construction Noise	Significant impacts to hospital residents during portions of all phases; significant impacts to senior housing residents during Phase Three-B; significant exceedance of City Noise Ordinance at times during construction	Significant impacts to hospital residents during portions of all phases except Phase Three-A; significant impacts to senior housing residents during portions of Phase Three-B; potential significant impact to Dellbrook residents during portions of Phase Two; significant exceedance of City Noise Ordinance at times during construction	Reduced noise impacts to hospital residents during Phase Three-B, but still significant; significant exceedance of City Noise Ordinance at times during construction	Reduced noise impacts to hospital residents during Phase Three-B, but still significant exceedance of City Noise Ordinance at times during construction	Impacts too speculative to predict
Historic Architectural Resources	Significant impacts due to demolition of Clarendon Hall, most of Main Hospital, and support structures	Significant impact due to demolition of most of Main Hospital and support structures; reduced impact due to preservation of Clarendon Hall	Significant impact due to demolition of Clarendon Hall and support structures; reduced impact due to more of Main Hospital preserved	Significant impact due to demolition of Clarendon Hall and support structures; reduced impact due to more of Main Hospital preserved	Impacts too speculative to predict

Table 6.0-4 (continued)
Comparison of Impacts by Alternative (Revised)

Impact Category	Proposed Project	Alternative One	Alternative Two	Alternative Three	No Project Alternative
Hazards	Potentially significant impacts associated with hazardous building materials and soil and groundwater contamination	Potentially significant impacts associated with hazardous building materials and soil and groundwater contamination	Potentially significant impacts associated with hazardous building materials and soil and groundwater contamination	Potentially significant impacts associated with hazardous building materials and soil and groundwater contamination	Impacts too speculative to predict
Shadow	No Significant impacts	No significant Impacts	No Significant impacts	No Significant impacts	Impacts of new facilities too speculative to predict
Project Objectives	Meets project objectives	Meets 12 of 20 project objectives; would not meet Objectives 3, 9, 10, 11, 13, 16, 19, and 20.	Meets 16 of 20 project objectives; would not meet Objectives 15 and 18; may not meet 19 and 20.	Meets all project objectives	Does not meet most or all project objectives

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9.0 DRAFT EIR DISTRIBUTION LIST

Copies of the Draft EIR or notices of its availability were mailed or delivered to nearly 2,500 recipients. The recipients include federal, state, and regional agencies; City and County of San Francisco boards, commissions, and departments; interested persons, groups, and organizations; media outlets; libraries; and project area property owners and occupants. Due to the unusually large size of the Draft EIR distribution list for this project, this list is not included in the EIR. The Draft EIR distribution list, however, is available for review by appointment at the San Francisco Planning Department, 1660 Mission Street, Suite 500, as part of Case File No. 2000.005E.

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C&R Appendix 1.0 Comment Letters and Public Hearing Transcript

1.0 INTRODUCTION

This is the Comments and Responses document for the Laguna Honda Hospital Replacement Environmental Impact Report (EIR). The Draft EIR was published on December 1, 2001 and the public comment period extended through January 16, 2002. A public hearing before the San Francisco Planning Commission was held on January 10, 2002 to receive comments on the accuracy and adequacy of the information contained in the Draft EIR. A list of all persons who made comments on the Draft EIR, either orally at the public hearing or in writing up until 5:00 PM on January 16, 2002, is presented in Chapter 3.0. These comments are reproduced in Chapter 4.0 and are followed by responses. Text changes to the Draft EIR that are made in response to comments are also contained in Chapter 4.0. Staff-initiated changes to the Draft EIR are presented in Chapter 5.0. Copies of all comment letters and a copy of the public hearing transcript are provided in Appendix 1.0. Individual comments in letters and transcript in Appendix 1.0 are bracketed and numbered to correspond to the numbering of comments and associated responses in Chapter 4.0.

During the public review period, the Department of Public Health (the project sponsor) identified a new alternative that would allow for the preservation of a larger portion of the Main Hospital Building. A description of this alternative, which is the sponsor's preferred alternative, and an assessment of its environmental impacts are presented in Chapter 2.0.

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2.0 PREFERRED ALTERNATIVE THREE- PARTIAL PRESERVATION ALTERNATIVE

During the public review period, the Department of Public Health (the project sponsor) identified a new alternative that would allow for the preservation of a larger portion of the Main Hospital Building. This new alternative, called "Partial Preservation Alternative Three," is similar to Partial Preservation Alternative Two, already presented in the Draft EIR. A description of Alternative Three, which is the sponsor's preferred alternative, and an assessment of its environmental impacts are presented in this chapter. The description and assessment of Alternative Three are hereby added to Chapter 6.0, Alternatives to the Proposed Project, as a new section A4(c) on page (p.) 6.0-18 of the Draft EIR, prior to the discussion of the No Project Alternative. The phasing plans for Alternative Three are hereby added to Appendix 6.0, and are included at the end of this chapter on pp. C&R 15 to 36.

CEQA requires the recirculation of the Draft EIR after the close of the public review period, prior to certification of the Final EIR, if "significant new information" is added to the Draft EIR. The CEQA Guidelines note, as an example of "significant new information," a new project alternative, which is "...considerably different from others previously analyzed, that clearly would lessen the environmental impacts for the project but that the project's proponents decline to adopt." A comparison of the assessment of Alternative Three, described below, to the assessment of Alternative Two, presented on p. 6.0-13 through p. 6.0-18 of the Draft EIR, demonstrates that the impacts associated with Alternative Three would be substantially similar to the impacts associated with Alternatives One and Two, particularly to Alternative Two. In addition, the project proponents would be willing to adopt Alternative Three, as indicated by its designation as the project sponsor's preferred alternative. The public will be afforded the opportunity to review and comment on the new alternative as part of this document and the Planning Commission hearing on the certification of the EIR. For the reasons stated above, the inclusion of Alternative Three does not meet the standard of "significant new information" as defined by CEQA.

The Initial Study for the proposed project found the project's air quality/shadow effects to be less than significant. However, the EIR will be revised to include an analysis of project shadow effects pursuant to Proposition K, because the proposed project has been refined subsequent to the completion of the Initial Study. Therefore, the analysis of Alternative Three presented below includes a discussion of shadow.¹

¹ Please refer to **Section 5.0, Staff-Initiated Changes** to the Draft EIR, for a detailed discussion of the shadow effects of the proposed project.

A4(c) Partial Preservation Alternative Three

Description

Like Alternative Two, Partial Preservation Alternative Three would meet the spatial, service, and technical needs of Laguna Honda hospital while preserving and/or retrofitting some of the historic features of the buildings and site. As shown in **Figure 6.0-3, Alternative Three: Site Plan**, this alternative would retain and rehabilitate portions of Wings A, B, C, and H of the Main Hospital Building for administrative use, and retain and rehabilitate Wings K and M and portions of Wings L and O of the Main Hospital for use as an assisted living facility and childcare facility. The assisted living facility would contribute 140 beds to the new hospital. The new Greenhouse and Clarendon Hill East and West Buildings would provide 1,140 new hospital beds, and be similar to the proposed project in size, building placement, and design. Similar to the proposed project, the proposed Clarendon Hill East and West Buildings would have a total of eight wings. Two wings would face north, four wings would face south, one wing would face west and one would face east. The new Clarendon Hill West and East Buildings would connect to the proposed Link Building, as described for the proposed project. The new Link Building would be the same size as the new Link Building under the proposed project and would also provide 60 beds. The new Link Building, similar to the proposed project, would connect to the northern end of Wing H of the existing Main Hospital Building by a two-story connector building. Including assisted living beds, the total number of beds provided in Alternative Three would be 1,340, the same as for the proposed project.















Similar to the proposed project, Partial Preservation Alternative Three would be achieved through a series of construction phases that would allow the facility to remain functional during the development of new buildings. Residents would be relocated into the new buildings upon completion and Wings K and M and portions of Wings L and O of the Main Hospital Building would be used for an assisted living facility. Further, temporary parking would be provided during construction and, upon project completion, the bulk of parking would be in the Main East Lot, New Clarendon West Lot, and West Valley Lot (similar to the proposed project). Upon completion of Partial Preservation Alternative Three, approximately 655 parking spaces and 11 loading spaces would be provided on site, the same as under the proposed project.

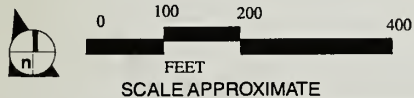
Although the basic characteristics of Alternative Three are largely the same as under the proposed project, the reconfiguration of the parking lots, the square footage of the assisted living facility, and the configuration of the Link Building are somewhat different under this alternative. As shown in **Figure 6.0-3**, the New Clarendon West parking lot would extend further to the northwest, southwest, and northeast than under the proposed project (refer to **Figure 2.0-4 (Revised)** for the proposed project site plan).

SITE BOUNDARY

LIMITS OF CONSTRUCTION

Legend

-  PROJECT SITE
-  CONSTRUCTION BOUNDARY
-  CLARENDON WEST PARKING LOT
-  CLARENDON HILL WEST BUILDING
-  CLARENDON HILL EAST BUILDING
-  CLARENDON VALLEY PARKING LOT
-  LINK BUILDING
-  GREENHOUSE BUILDING
-  MAIN FRONT ENTRY PARKING LOT
-  REHABILITATED MAIN HOSPITAL BUILDING WINGS A,B,C AND H
-  ASSISTED LIVING FACILITY AND CHILDCARE IN REHABILITATED WINGS K, M AND PORTIONS OF L AND O
-  MAIN EAST PARKING LOT
-  ACCESS RAMP
-  RE-FUELING STATION



REVISED OPEN SPACE

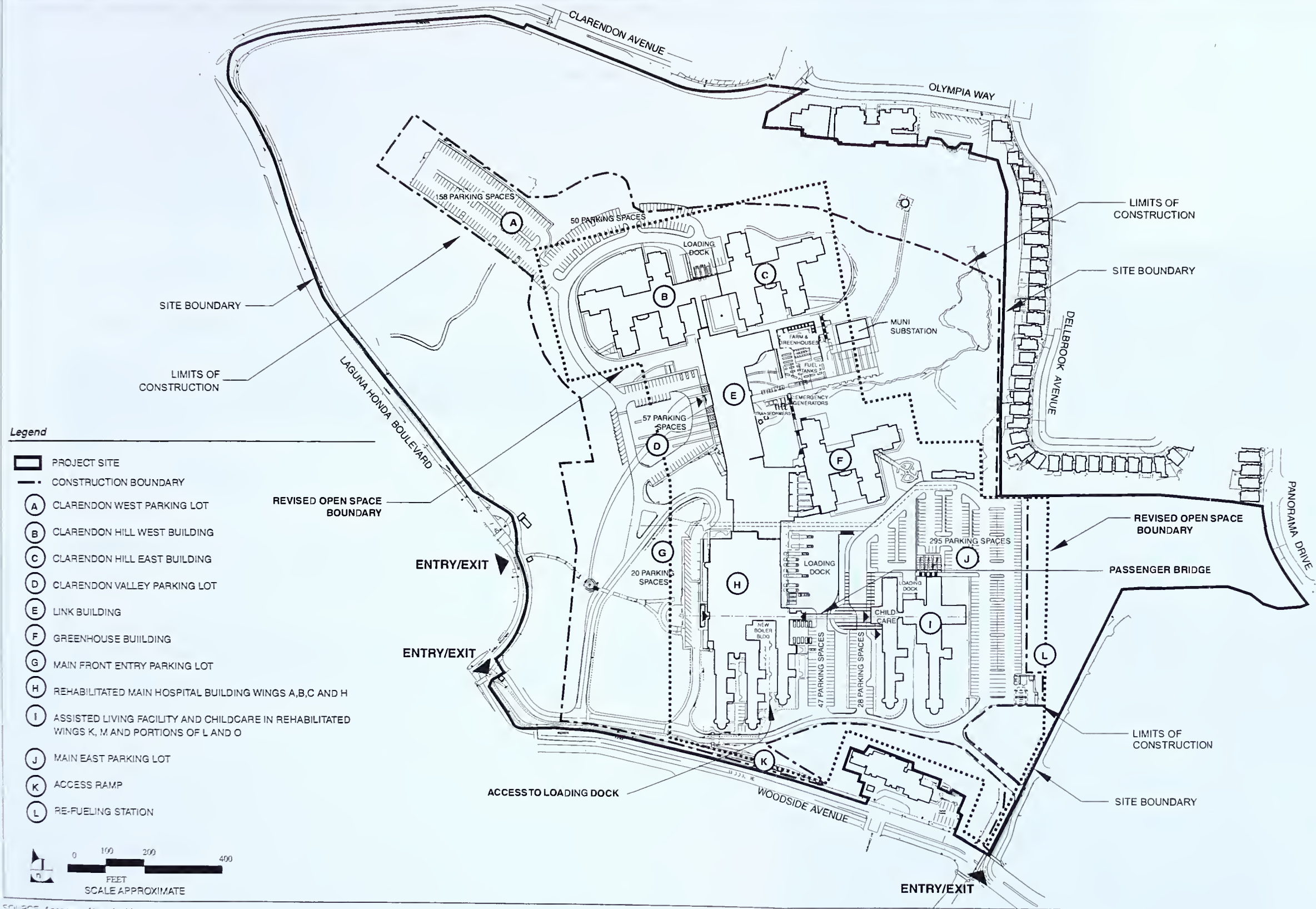
BOUNSPACE

PANORAMA DRIVE

SOURCE: Anshen + Allen Architects

FIGURE 6.0-3

Alternative Three: Site Plan



SOURCE: Ansien + Allen Architects

FIGURE 6.0-3

Alternative Three: Site Plan

Parking spaces in the Main East parking lot would include spaces between the Main Hospital Building and the proposed assisted living facility. Parking spaces would also be located north and east of the assisted living facility. **Table 6.0-2, Differences Between Partial Preservation Alternative Three and the Proposed Project Parking Spaces**, shows the difference in the number of parking spaces for each proposed parking lot. Although the parking lots would differ in their shape and number of parking spaces, the total number of parking spaces would remain at 655, the same as the proposed project.

Table 6.0-2
Differences Between Partial Preservation Alternative Three and the Proposed Project
Parking Spaces

	Proposed Project # of Parking Spaces	Alternative Three # of Parking Spaces
Main East Parking Lot	340	370
Main Front Entry Parking Lot	24	20
Clarendon Valley Parking Lot	119	57
New Clarendon West Parking Lot	164	208
Service Driveways	8	0
Total Parking Spaces	655	655

The square footage of the assisted living facility would be slightly higher than under the proposed project. Under this alternative, the assisted living facility would be 109,000 gross square feet, 14,000 gross square feet more than the proposed project. **Table 6.0-3** provides a summary comparison of the characteristics of Alternative Three to the proposed project.

Table 6.0-3
Summary Comparison of Partial Preservation Alternative Three to Proposed Project

	# Stories	# Beds	Approx. Gross Square Footage
Proposed Project			
Old Main Hospital Building (Wings A, B, C, and H)	3 to 5	0	204,931
New Clarendon Hill West Building	7	420	195,474
New Clarendon Hill East Building	7	420	195,474
New Connector between Clarendon Buildings	2	0	8,144
New Greenhouse Building	5	300	146,976
New Connector between Link Building and Greenhouse Building	2	0	2,032
New Link Building	4	60	138,879
New Assisted Living Facility	4	140	95,000
Total		1,340	986,910
Partial Preservation Alternative Three			
Old Main Hospital Building (Wings A, B, C, and H)	3 to 5	0	204,931
Old Main Hospital Building (Wings K and M and portions of L and O)/New Assisted Living Facility	3 to 5	140	109,000
New Clarendon Hill West Building	7	420	195,474
New Clarendon Hill East Building	7	420	195,474
New Connector between Clarendon Buildings	2	0	8,144
New Greenhouse Building	5	300	146,976
New Connector between Link Building and Greenhouse Building	2	0	2,032
New Link Building	4	60	138,879
Total		1,340	1,000,910

Source: Architectural Resources Group, Schematic Design, June 28, 2001.

Another difference between Partial Preservation Alternative Three and the proposed project would be the configuration of the Link Building. Under this alternative, the proposed Link Building would extend further east at both ends of the building. The extension on the northern end of the Link Building would provide a one-story rehabilitation center instead of a childcare center as under the proposed project. The childcare center and associated playground would be located in the new assisted living

facility adjacent to the Main Hospital Building. Although the design of the Link Building would be slightly different than under the proposed project, the total square footage would be the same as under the proposed project. Similar to the proposed project, Partial Preservation Alternative Three would be implemented in three major phases. The phasing plans for this alternative are included **Appendix 6.0** of this document. In general, construction Phase One consists of Phases A through D; Phase Two is generally the same as Phase E; Phase Three-A is generally the same as Phases F through H; and Phase Three-B is generally the same as Phases I and J.

Environmental Analysis

The Initial Study prepared for the proposed project determined that impacts in the following issue areas would be less than significant: population, operational noise, air quality (air quality standards, pollutant concentrations, odors, and wind), utilities/public services, biology, geology/topography, water, energy/natural resources, hazards (emergency response plans and fire hazards), and archaeological and paleontological resources. It should be noted that the analyses provided in the Initial Study, conducted for the above-mentioned resources, pertain to the entire property. For example, the biology analysis considered the biological impacts to the entire site and not just the developed portion of the campus. In addition, implementation of this alternative would result in the same increases in site use by residents, employees, and visitors as the proposed project. Therefore, the extended construction boundary would not result in an increase in impacts in the above issue areas analyzed in the Initial Study.

The Initial Study for the proposed project also found that the air quality/shadow effects of the project would be less than significant. However, the EIR includes an analysis of project shadow effects pursuant to Proposition K (please refer to **Section 3.7, Shadow**, of this document), because the proposed project has been refined subsequent to the completion of the Initial Study. Therefore, the analysis of this alternative also includes a discussion of shadow.

Land Use and Planning

The proposed development of Partial Preservation Alternative Three would be consistent with the current use of the site as a hospital. The proposed assisted living facility would provide assisted care and housing opportunities for the elderly and disabled, which would be consistent with the current use of the site and the residential uses in the surrounding neighborhood.

As with the proposed project, the proposed buildings under this alternative would not comply with the height requirements of the 80-D height and bulk district, which would require a rezoning from the 80-foot height district to the 90-foot height district. In addition, the proposed buildings would not

conform to the bulk requirements. Pursuant to Section 271 (b) of the Planning Code, deviations from bulk limits shall be permitted upon approval of the Planning Commission according to the procedures for Conditional Use approval in Section 303 of the Code. This required change would be the same as for the proposed project.

■ **Figure 2.0-4, Proposed Site Plan (Revised)**, has been refined to include the revised open space boundary proposed as a result of the project. The existing open space boundary is a general schematic and has not been clearly defined by the City Planning Department. The City Planning Department has recently determined that because the proposed project would result in only minor and very specific changes in the open space boundary and would not change the general configuration, a *General Plan* Amendment is not needed to justify the proposed project.²

The proposed use of the site as a public hospital and assisted living facility is consistent with the site's *General Plan* designation.

Transportation, Circulation, and Parking

Partial Preservation Alternative Three would have essentially the same transportation and circulation impacts as the proposed project (less than significant). Operational impacts would be the same, because the size of the facilities, number of employees, and amount of traffic generated would be the same. Construction-related traffic would be similar to that generated by the proposed project because the construction phasing and duration would be similar. Parking impacts would be the same for construction since the same amount of parking would be provided as with the proposed project. Alternative Three would also result in a shortage of parking relative to demand, but the impact would not be considered to be significant because of the availability of on-street parking and the opportunities to re-designate non-employee parking on the project site. Loading impacts would be the same as under the proposed project (less than significant) because the same number of loading spaces would be provided and the demand would be similar.

Visual Quality

Impacts to visual quality under Alternative Three would be similar to those of the proposed project. The primary difference would be from retaining Wings K and M and portions of Wings L and O of the Main Hospital Building. The view looking east from Laguna Honda Boulevard (**Figure 3.3-2 in Section**

■ ² Crawford, Rick, San Francisco Planning Department, telephone conversation, June 4, 2002.

3.3, **Visual Quality**) would be essentially the same as it would be under the proposed project. Since Wings K and M and portions of Wings L and O of the Main Hospital Building would be retained under this alternative, the view of the project site as seen from Edgehill Way (**Figure 3.3-3 (Revised)** in **Section 3.3, Visual Quality**) would remain essentially the same as it is today. Therefore, this alternative would not result in a significant impact to views from Edgehill Way. The significant impact to the view from Twin Peaks Park would occur under this alternative, as under the proposed project, because the Link Building would still be constructed and would be of similar scale and mass as under the proposed project.

Impacts related to tree removal and light and glare would be similar to those of the proposed project (less than significant). The land area used for development would be similar to that under the proposed project, and the majority of the trees on the project site and the tree buffer would still be preserved. The additional lighting sources associated with the larger New Clarendon West Parking Lot would not represent a substantial new source of light, given the overall developed nature of the area.

Construction Noise

The primary difference in construction noise impacts with Alternative Three compared with the proposed project would be that the noise associated with demolition of existing Wings K and M and construction of the new assisted living facility would not occur. Noise associated with renovation of Wings K and M and portions of Wings L and O would be generated, but it would be at reduced levels compared to noise associated with demolition and new construction. Therefore, noise impacts to hospital residents, residents of the senior living facility, and residents of homes south of Woodside Avenue during this period would be reduced compared to the proposed project. However, since Wings D, E, G, and F and portions of Wings L and O would still be demolished under this alternative, noise impacts to hospital residents and the residents of the senior housing facility would still be significant during construction Phase Three-B, although of less intensity and duration than with the proposed project. Construction noise levels associated with trucks and pavers would, at times, exceed the City's Noise Ordinance 80-dBA noise limit (at 100 feet). This is considered to be a significant impact and would be the same as under the proposed project. Construction noise impacts during the other construction phases with this alternative would be similar to those of the proposed project.

Historic Architectural Resources

Alternative Three would retain and rehabilitate Wings A, B, C, and H of the Main Hospital Building for administrative use and Wings K and M and portions of Wings L and O for an assisted living facility and childcare center. As discussed in **Section 3.5, Historic Architectural Resources**, the Laguna Honda hospital campus as a whole appears eligible as a NRHP district, and Clarendon Hall and the Main Hospital Building appear eligible for the NRHP as individual buildings. Therefore, impacts to

historic architectural resources would be reduced under this alternative compared to the proposed project, because more of the Main Hospital Building would be preserved. Nonetheless, the impacts of this alternative on historic architectural resources would remain significant.

Hazards

Impacts related to hazards would be the same as for the proposed project. Because the project sponsor would be required to comply with existing rules and regulations pertaining to the removal and disposal of asbestos and lead-based paint, no significant impacts regarding those materials would occur.

Construction workers may encounter soil and/or groundwater contamination during site preparation activities, potentially exposing them and the public to hazardous substances. This would be the same as for the proposed project and is considered a potentially significant impact.

Shadow

The placement, size, and shape of the proposed Clarendon Hill West and East Buildings under this alternative would be identical to the proposed project. Subsequent to the completion of the Initial Study, a quantitative shadow analysis was prepared for the proposed project and is discussed in detail in **Section 3.7, Shadow** of the EIR. The findings of this shadow analysis would also apply to Alternative Three due to the identical nature of the proposed buildings. Therefore, similar to the proposed project, Alternative Three would not cast significant shadows on the adjacent Midtown Terrace Park, and for environmental purposes, shadow impacts would be less than significant for this alternative. (As with the proposed project, the Planning Commission, acting with the advice of the Recreation and Park Commission, will determine whether the shadow cast on Midtown Terrace Park is or is not significant, under Planning Code Section 295. Given the analysis and conclusions in this document, it is anticipated that the Planning Commission and Recreation and Park Commission will determine that the shadow impacts are not significant under Section 295 of the Planning Code.)

Relation to the Project Objectives

Like the proposed project, Alternative Three would satisfy all of the 20 project objectives. Preserving Wings K and M and portions of Wings L and O would allow the development of adequately-sized, level, covered access to the Adult Day Health Care and Senior Nutrition Program areas. Alternative Three would achieve Objective 17, recognize site history, better than the proposed project since more of the Main Hospital Building would be preserved. Objective 18, separating service traffic from other traffic, would be achieved because this alternative demolishes Wings D, E, F, and G, which allows access to the loading docks. The cost of upgrading two whole wings, Wings K and M and portions of

Wings L and O to meet current seismic standards is expected to be similar to the cost of clearing the site and building a new assisted living building under the proposed project.

Conclusion

Alternative Three would reduce the level of impacts to historic architectural resources by retaining Wings K and M and portions of Wings L and O of the Main Hospital Building. Although other wings would be demolished under this alternative, the retention of the additional wings would leave more of the original building intact. However, impacts to historic architectural resources would still be significant. Construction noise levels during Phase Three-B would be lower than under the proposed project, but would still be significant. Impacts to transportation, circulation, and parking would be less than significant, similar to the proposed project. Impacts regarding land use and planning and would be similar to those of the proposed project; i.e., less than significant. This alternative would have the same significant impact to views from Twin Peaks Park as under the proposed project. Because the size, placement, and design of the proposed Clarendon Hill West and East Buildings are identical to the proposed project, shadow impacts would be similar to the proposed project. Alternative Three would meet all 20 of the project objectives.

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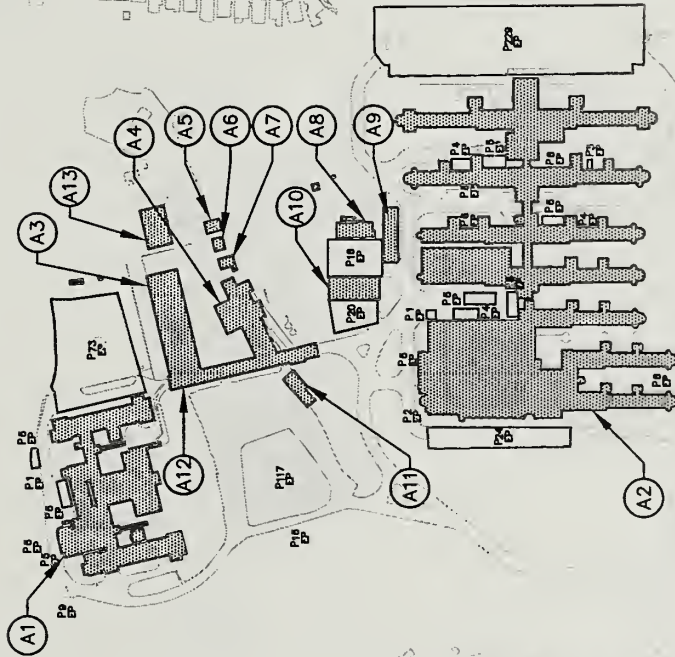
APPENDIX 6.0

Alternative Three Construction Phasing Plans



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- (A1) CLARENDON HALL - 162 BEDS
- (A2) MAIN HOSPITAL BUILDING - 987 BEDS
- (A3) EXISTING LAUNDRY
- (A4) EXISTING BOILER ROOM
- (A5) EXISTING PROPANE TANKS
- (A6) EXISTING VEHICLE FUELING STATION
- (A7) EXISTING HAZ. MAT. SHED
- (A8) EXISTING FARM BUILDING
- (A9) EXISTING GREENHOUSE
- (A10) EXISTING SHOPS
- (A11) EXISTING GARAGE
- (A12) EXISTING BRIDGE BUILDING
- (A13) EXISTING MUNI SUBSTATION



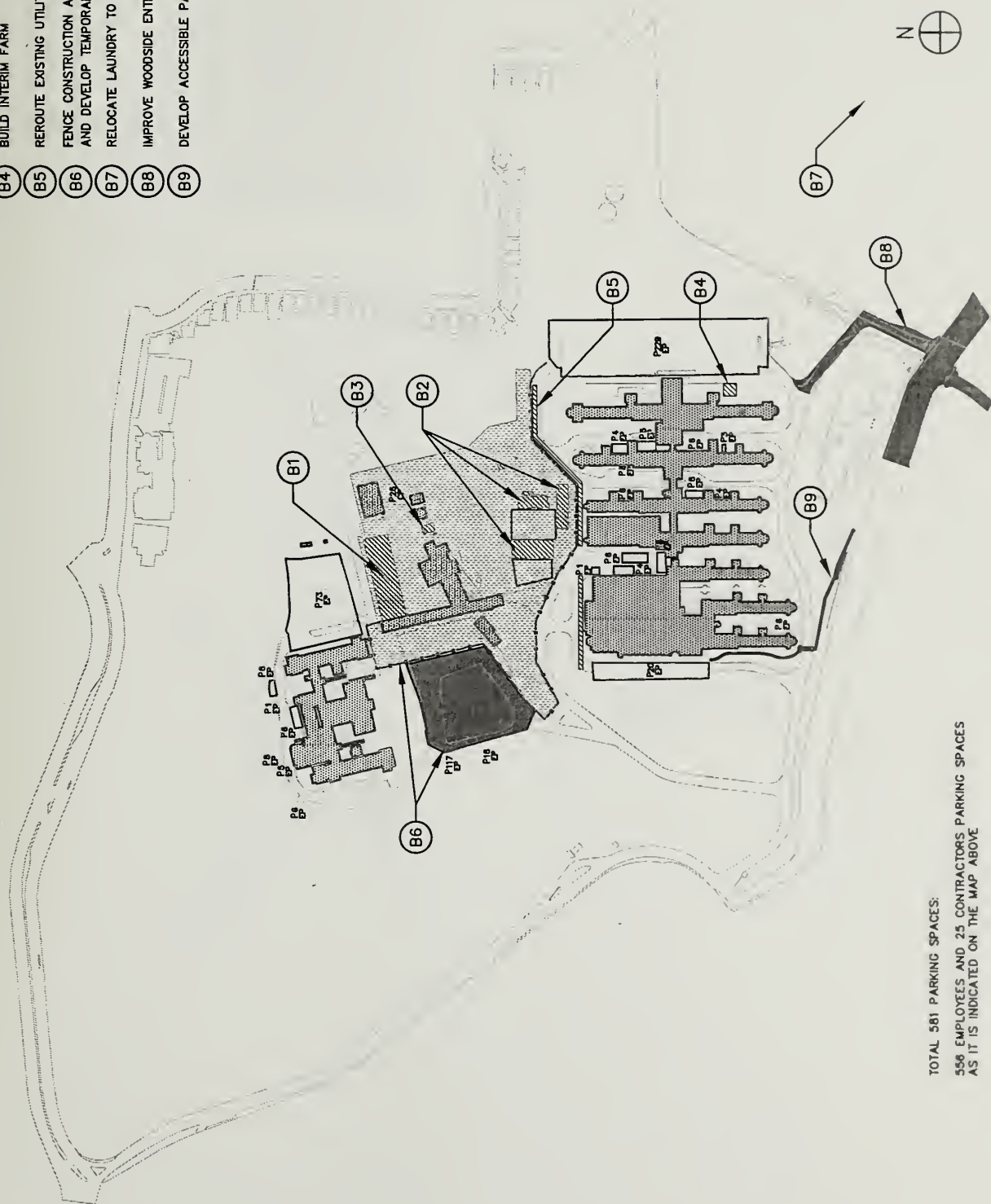
803 EXISTING PARKING SPACES AS
IT IS INDICATED ON THE MAP ABOVE

PHASE A - EXISTING

ACCESS & PRE-CONSTRUCTION

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- B1 VACATE LAUNDRY
- B2 VACATE ENGINEERING SHOPS,
GREENHOUSE AND FARM
- B3 VACATE HAZ. MAT. BUILDING
- B4 BUILD INTERIM FARM
- B5 REROUTE EXISTING UTILITY LINES
- B6 FENCE CONSTRUCTION AREA, PROTECT TREES
AND DEVELOP TEMPORARY PARKING
- B7 RELOCATE LAUNDRY TO OYSTER POINT BLVD.
- B8 IMPROVE WOODSIDE ENTRANCE
- B9 DEVELOP ACCESSIBLE PATH



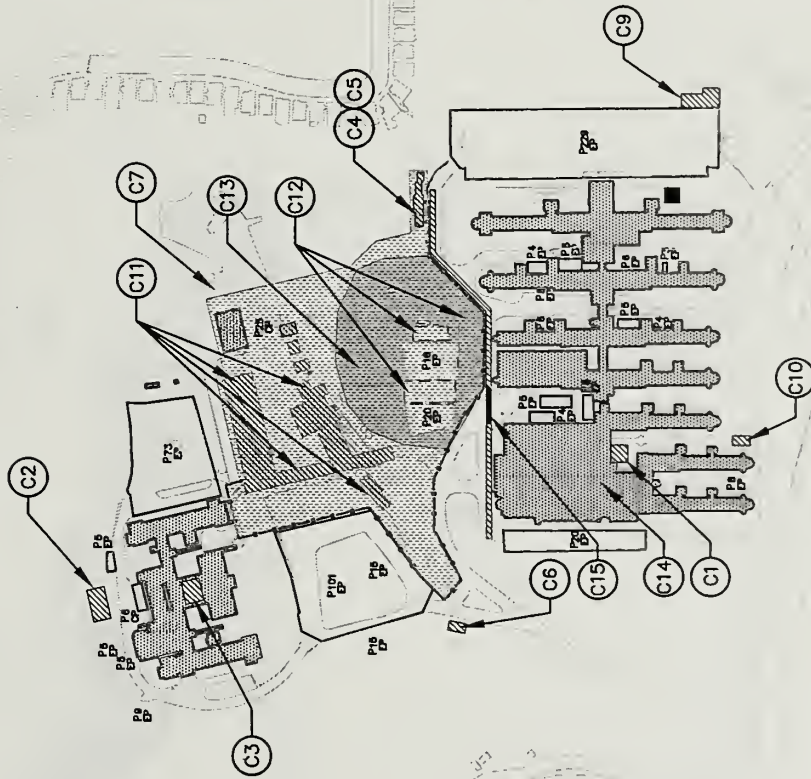
TOTAL 581 PARKING SPACES:
556 EMPLOYEES AND 25 CONTRACTORS PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE

PHASE B

ACCESS & PRE-CONSTRUCTION
APR '02 - OCT '02

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- C1 BUILD NEW PERMANENT BOILER PLANT,
- C2 INSTALL BOILER AND PIPING
- C3 BUILD INTERIM ELECTRICAL,
- C4 INSTALL GENERATOR
- C5 BUILD TEMPORARY BOILER PLANT
- C6 BUILD INTERIM ELECTRICAL COMPLEX
- C7 INSTALL POWER CENTER EQUIPMENT
- C8 CONNECT TO PG&E 12KV SERVICE
- C9 INSTALL NEW GAS METER
- C10 REMOVE SATELLITE DISH COMPLEX
- C11 NOT USED
- C12 BUILD NEW FUELING STATION & HAZ. MAT. SHED
- C13 BUILD NEW UNDERGROUND FUEL STORAGE
- C14 ABATE LAUNDRY, PLANT, BRIDGE BUILDING AND GARAGE
- C15 DEMOLISH ENGINEERING SHOPS, GREENHOUSE, FARM AND PARKING LOTS BETWEEN THEM
- C16 GRADE GREENHOUSE PAD
- C17 DISCONNECT FROM CENTRAL PLANT
- C18 CONNECT UTILITY TRENCH



TOTAL 579 PARKING SPACES:
538 EMPLOYEES AND 41 CONTRACTORS PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE

PHASE C

GREENHOUSE PAD AND UTILITIES
NOV '02 - FEB '03

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D1 DEMOLISH LAUNDRY

D2 DEMOLISH PLANT & BRIDGE BUILDINGS

D3 ACTIVATE NEW FUELING STATION & HAZ. MAT. SHED

D4 DEMOLISH FUELING STATION & PROPANE TANKS

D5 DEMOLISH HAZARDOUS MATERIALS SHED

D6 REWORK FRONT DRIVE

D7 BUILD NEW PERMANENT PARKING - 255 SPACES

D8 GRADE LINK BUILDING

D9 WIDEN CLARENDON ROAD

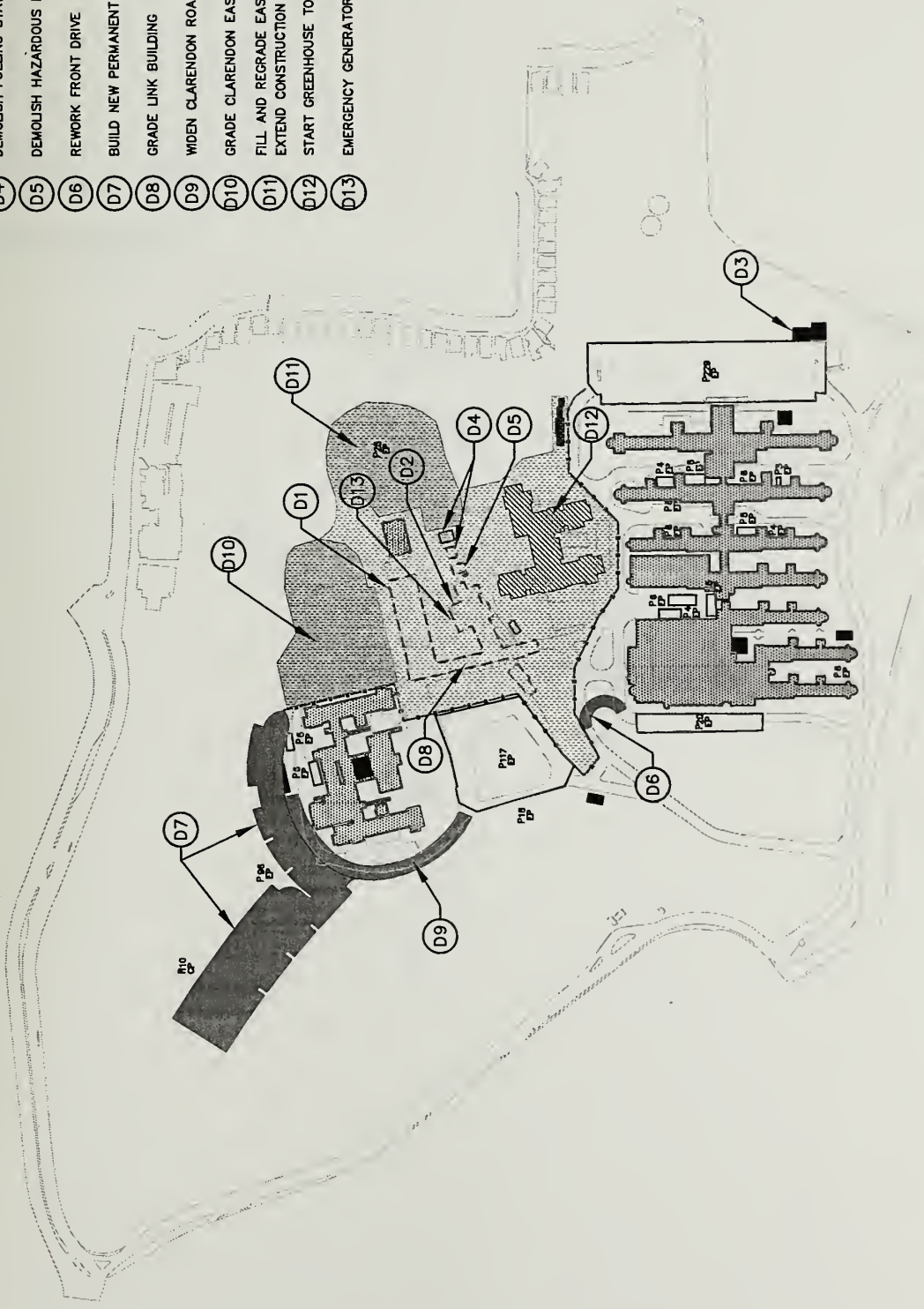
D10 GRADE CLARENDON EAST PAD

D11 FILL AND REGRADE EAST CLARENDON VALLEY,

EXTEND CONSTRUCTION YARD AND TEMPORARY PARKING

D12 START GREENHOUSE TOWER - 300 BEDS

D13 EMERGENCY GENERATOR FUEL TANK MODIFICATION



TOTAL 690 PARKING SPACES:
555 EMPLOYEES AND 135 CONTRACTORS PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE

PHASE D

UTILITIES AND SITE PREPARATION
MAR '03 - DEC '03

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- D1 D2 D3 D4 D5 D6 D7 D8

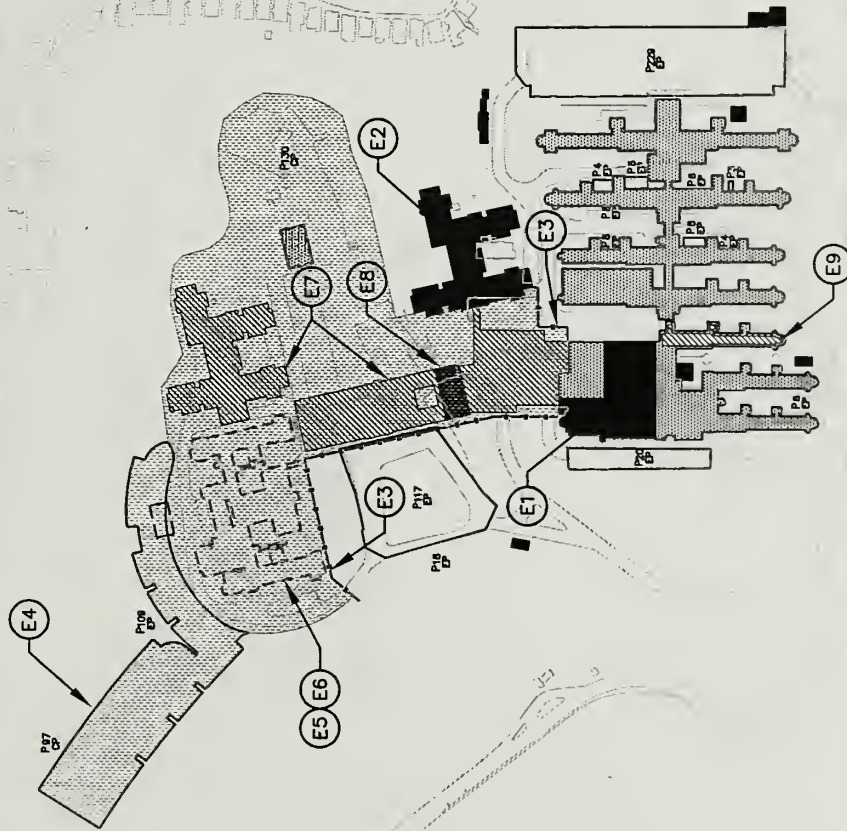


PHASE E

GREENHOUSE TOWER/ EAST CLARENDON TOWER
LINK CONSTRUCTION
JAN '04 - DEC '05

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- (E1) COMPLETE AND ACTIVATE ADHC & SNP
- (E2) COMPLETE & ACTIVATE GREENHOUSE TOWER (+300 BEDS)
- (E3) MOVE FENCE
- (E4) SET UP CONSTRUCTION YARD AND DEMOLITION PLANT
- (E5) VACATE CLARENDON HALL, MOVE PATIENTS TO GREENHOUSE TOWER
- (E6) DEMOLISH CLARENDON HALL (~162 BEDS) ALONG WITH TEMPORARY GENERATOR & FUEL TANK
- (E7) CONTINUE CLARENDON EAST & LINK BUILDINGS
- (E8) COMPLETE AND ACTIVATE ELECTRICAL PLANT
- (E9) VACATE C2 (~26 BEDS), MOVE PATIENTS TO GREENHOUSE TOWER



TOTAL 769 PARKING SPACES:
 542 EMPLOYEES AND 227 CONTRACTORS PARKING SPACES
 AS IT IS INDICATED ON THE MAP ABOVE

PHASE F

ACTIVATION OF GREENHOUSE TOWER
 JAN '06 - OCT '06

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- G1 MOVE FENCE, PROVIDE TEMPORARY VEHICULAR AND PEDESTRIAN ACCESS TO EAST CLARENDON TOWER
- G2 START CLARENDON WEST BUILDING
- G3 COMPLETE & ACTIVATE CLARENDON EAST (+420 BEDS) & LINK BUILDING (+60 BEDS)
- G4 VACATE WINGS D, E, F & G (-465 BEDS)
- G5 MOVE PATIENTS TO CLARENDON EAST AND LINK BUILDINGS
- G6 NOT USED
- G7 MODIFY MATERIALS MANAGEMENT AT H2, FOODSERVICE ADMIN. AND NURSING ADMIN. AT H3
- G8 REGRADE TRUCK COURT AND BUILD LOADING DOCK. RELOCATE AND LOWER UTILITIES FOR FUTURE DRIVEWAY
- G9 RELANDSCAPE EAST VALLEY
- G10 BUILD GREENHOUSE & FARM
- G11 START REHAB ADDITIVE ALTERNATE
- G12 REMODEL RETAINING WARDS OF MAIN HOSPITAL BUILDING
- G13 DEVELOP TEMPORARY SERVICE ENTRY



TOTAL 716 PARKING SPACES.
509 EMPLOYEES AND 207 CONTRACTORS PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE

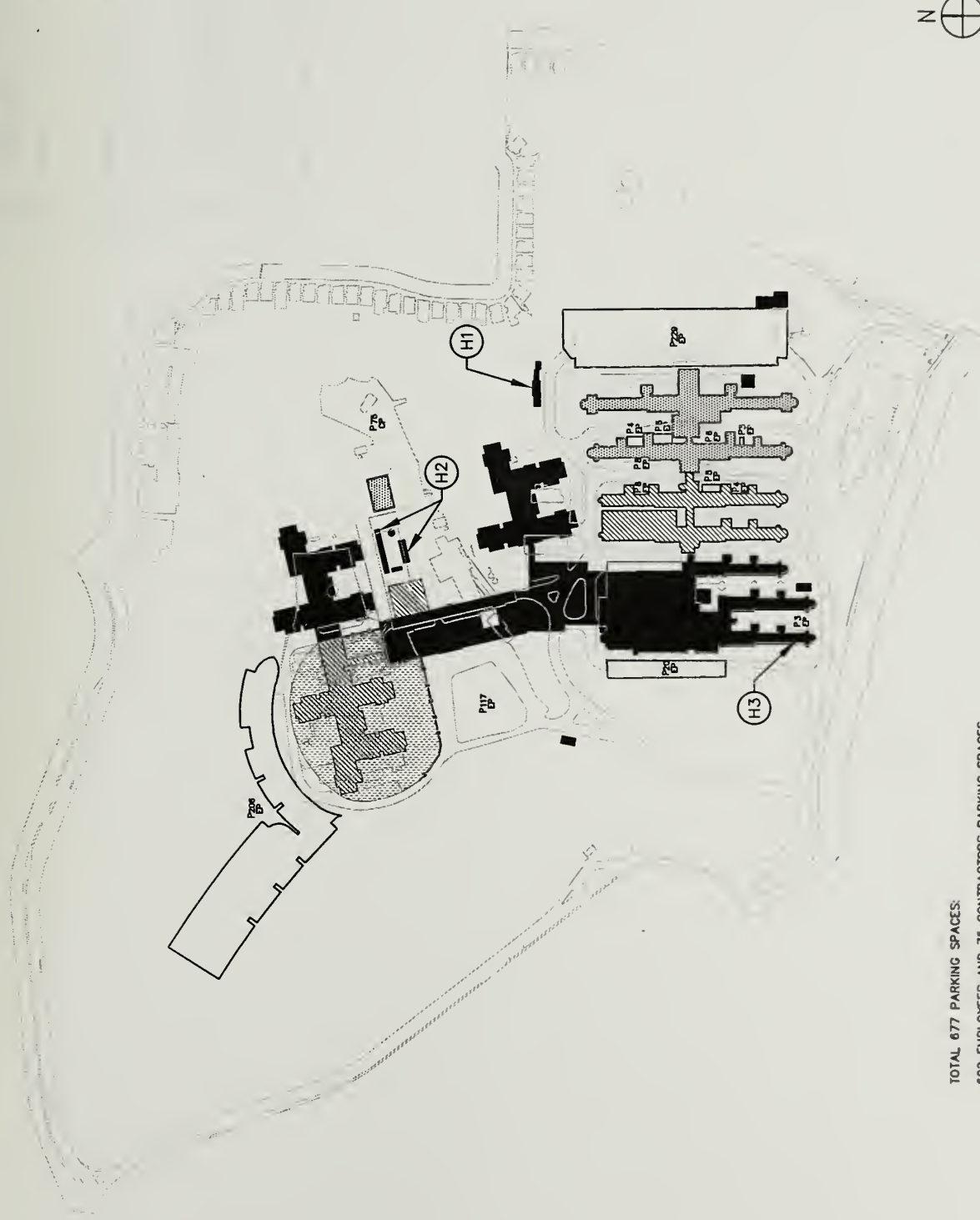
PHASE G

ACTIVATE EAST CLARENDON TOWER & LINK
REMODEL MAIN HOSPITAL
NOV '06 - DEC '08

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DEACTIVATE EMERGENCY POWER STATION
 COMPLETE & ACTIVATE
 FARM & GREENHOUSE BUILDINGS
 COMPLETE MAIN BUILDING
 REMODELING PROJECTS

H1
 H2
 H3

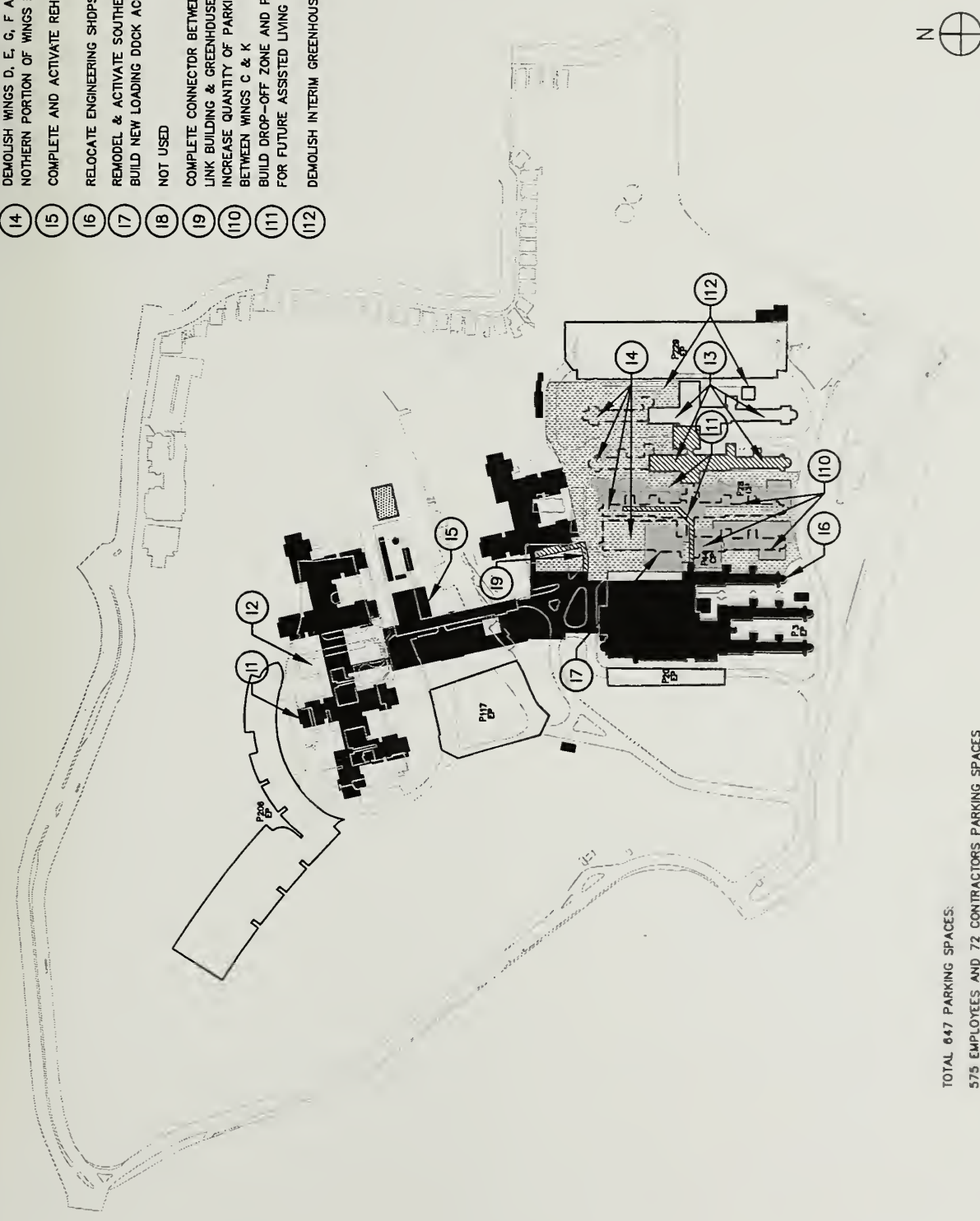


TOTAL 677 PARKING SPACES:
 602 EMPLOYEES AND 75 CONTRACTORS PARKING SPACES
 AS IT IS INDICATED ON THE MAP ABOVE

PHASE H
 NEW ACCESS TO LOADING DOCK
 FINISH REMODELING OF MAIN HOSPITAL
 JAN '06 - OCT '08

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- 11 COMPLETE & ACTIVATE CLARENDON WEST BUILDING (+420 BEDS)
- 12 BUILD A NEW LOADING DOCK AT CLARENDON TOWERS
- 13 VACATE WINGS K, L, M & O (-435 BEDS) MOVE PATIENTS TO CLARENDON TOWERS
- 14 DEMOLISH WINGS D, E, G, F AND NORTHERN PORTION OF WINGS L & O
- 15 COMPLETE AND ACTIVATE REHAB ADDITIVE ALTERNATE
- 16 RELOCATE ENGINEERING SHOPS TO WING C2
- 17 REMODEL & ACTIVATE SOUTHERN PART OF MAIN LOADING DOCK, BUILD NEW LOADING DOCK ACCESS ROAD
- 18 NOT USED
- 19 COMPLETE CONNECTOR BETWEEN LINK BUILDING & GREENHOUSE TOWER
- 110 INCREASE QUANTITY OF PARKING SPACES BETWEEN WINGS C & K
- 111 BUILD DROP-OFF ZONE AND PEDESTRIAN BRIDGE FOR FUTURE ASSISTED LIVING
- 112 DEMOLISH INTERIM GREENHOUSE & FARM



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- (J1) COMPLETE REMODELING OF MAIN LOADING DOCK AT NORTH
- (J2) RECOMMISSION BUILDING AS GARDENER'S HEADQUARTERS
- (J3) BUILD NEW EAST PARKING
- (J4) BUILD ASSISTED LIVING AND CHILDCARE CENTER



TOTAL 855 PAVED PARKING SPACES
AT THE CONCLUSION OF THIS PHASE
AS IT IS INDICATED ON THE MAP ABOVE

PHASE J

MAIN HOSPITAL EAST
CHILDCARE CENTER/ ASSISTED LIVING

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3.0 LIST OF COMMENTORS

The following individuals submitted written comments during the public comment period of December 1, 2001 through January 16, 2002, and/or provided oral testimony at the public hearing on January 10, 2002 on the *Laguna Honda Hospital Replacement Draft EIR*.

Balestreri, John, Board of Directors, Forest Hill Association (Planning Commission public hearing comments, January 10, 2002)

Balestreri, Katie, Resident (Planning Commission public hearing comments, January 10, 2002)

Burbank, Eugene, Resident (Planning Commission public hearing comments, January 10, 2002)

Corrigan, James, Resident (written comments, January 14, 2002)

De La Mora, Gilbert, Jon Ridenour, Solange Berg, Gertrude Kin, Ernest Kohn, Anne Poirier, Timothy Poirier, Leslie Rall, Jeffrey Silverman, and George Wooding, Midtown Terrace Homeowners Association (written comments, January 12, 2002)

Fanelli, Eileen, St. John's/St. Brendan's Local Organizing Committee (Planning Commission public hearing comments, January 10, 2002)

Fanelli, Eileen, St. John's/St. Brendan's Local Organizing Committee (written comments, January 13, 2002)

Berg, Solange, Resident (Planning Commission public hearing comments, January 10, 2002)

Howard, Yvonne, Resident (written comments, January 10, 2002)

Kelley, Tim, President, Landmarks Preservation Advisory Board (written comments, January 14, 2002)

Kushner, Pinky, SPEAK (written comments, January 16, 2002)

Lambert Jr., Richard, Resident (written comments, December 11, 2001)

Lowé, James, Transit Planner, San Francisco Municipal Railway (written comments, December 11, 2001)

Moskat, Guenther, Chief, Planning and Environmental Analysis Section, Department of Toxic Substances Control (written comments, December 6, 2001)

Parrino, Richard, Member, St. John's/St. Brendan's Local Organizing Committee (Planning Commission public hearing comments, January 10, 2002)

Paul, John, Resident (Planning Commission public hearing comments, January 10, 2002)

Petoyan, Father Sarkis, Pastor, St. John Armenian Church (Planning Commission public hearing

comments, January 10, 2002)

Poirier, Anne and Timothy, Residents (written comments, December 11, 2001)

Ridgeway, Robert, Pastor, St. John's Unified Church of Christ (Planning Commission public hearing comments, January 10, 2002)

Roberts, Katherine, Board Member, Haight Ashbury Neighborhood Council (written comments, January 14, 2002)

Sapiro, Cornelia, Member, St. John's/St. Brendan's Local Organizing Committee (Planning Commission public hearing comments, January 10, 2002)

Schwartz, Davis, Treasurer, Board of Directors, Dewey Circle Beautification Project (written comments, January 10, 2002)

Strassner, Howard, Chair Transportation Committee, Sierra Club San Francisco Group (written comments, December 21, 2001)

Suacci, Steve, Member, St. John's/St. Brendan's Local Organizing Committee (Planning Commission public hearing comments, January 10, 2002)

Wald, Deborah, Resident (Planning Commission public hearing comments, January 10, 2002)

Wharton, Ann, Resident (Planning Commission public hearing comments, January 10, 2002)

Wooding, George, Resident (written comments, January 10, 2002)

Wright, Harold, Director, Forest Hill Association (written comments, January 11, 2002)

4.0 COMMENTS AND RESPONSES

This chapter contains the public comments received on the Laguna Honda Hospital Replacement Draft EIR and written responses to those comments. All substantive comments made at the Draft EIR public hearing before the Planning Commission on January 10, 2002, and received during the Draft EIR public review period from December 1, 2001 to January 16, 2002, are presented herein by direct quotation. In some cases, text has been added in brackets (e.g., "[and]") to clarify the meaning of a comment. Comments and responses are grouped by subject matter and are arranged by topic corresponding to the chapters in the Draft EIR. The subheadings in each chapter are used to further organize the comments by subtopic within the chapter. For example, if a comment was made regarding impacts of construction-related traffic, the comment is listed under the heading Transportation, Circulation, and Parking and under the subheading Construction Impacts. Comments made on the Summary chapter of the Draft EIR are placed within the chapter and/or subsection that corresponds to the individual topic. In addition, comments that do not apply to the adequacy or accuracy of the Draft EIR are presented at the end of the Chapter under the heading Other.

Comments made during the Planning Commission public hearing are identified as such. All other comments were submitted in writing. Each comment or group of comments is numbered, with responses to each of the numbered comments immediately following the comment(s). As the subject matter of one topic may overlap that of other topics, the reader must occasionally refer to more than one group of comments and responses to review all information on a given subject. Where this occurs, cross-references are provided. Text changes to the Draft EIR resulting from comments are also presented in this chapter and are included as part of the responses. Text that has been added is underlined and text that has been deleted is shown with ~~striketrough~~. The intent of these text changes is to clarify or amplify information already provided in the Draft EIR. The text changes do not present any new information that would alter the analysis or conclusions presented in the Draft EIR. Consequently, the text changes presented below do not trigger the need to recirculate the Draft EIR, pursuant to CEQA Guidelines §15088.5.

2.0 PROJECT DESCRIPTION

General

Comment 1

"The other thing that I would like to talk about is the fact that the project is poorly described. There are no details on the construction schedule, staging areas for construction equipment, what materials and what quantities will be used, how concrete will be brought to the site, how disabled access to and from the site will be provided, how work will be sequenced. This leaves the project element so wide open that

it is difficult to assess the project impacts." **Gene Burbank, Planning Commission public hearing comments, January 10, 2002**

"The project description provides very few details on the types and sequencing of construction activities as it relates to the potential impacts. For example, the types of materials that will be used in the new construction, especially concrete, and how concrete will be delivered to the site, what the largest anticipated pours will be and the number of trucks associated with each pour will be is not provided. The Draft EIR indicates that some construction debris will be reused but does not provide the estimated quantity relative to what will be hauled off site or disposed of (as opposed to reused) on site. This makes it very difficult to assess project impacts. The project description needs to be expanded and detailed." **Eileen Fanelli**

"p.2.0-5: 'a retaining wall of approximately 1,000 feet length...traverses the Woodside Avenue project boundary' This is the only mention of the wall in the EIR, although we understand that portions of the wall will be removed to accommodate ADA access to and from the site. Please clarify whether modification of this wall is included in the project scope and the design basis for the modifications, i.e. Improved access and project integration." **Eileen Fanelli**

"In general, it is difficult to discern from the report whether the facility will remain open to clients during this major rehabilitation effort and to what level. Perhaps a section needs to be developed that details the phasing of the project and what parts of the facility would remain open during construction." **James Lowé**

Response 1

Information pertaining to construction activities is provided on page (p.) 2.0-16 through p. 2.0-19 of the Draft EIR. This information includes the following construction details: the number of construction phases, approximate beginning and ending dates of construction, the duration of each construction phase, activities that would occur during each phase, facilities to be demolished and constructed during the different phases, the timing of when residents will be transferred to the new hospital buildings, number of temporary and permanent parking spaces and loading docks (the location of the parking lots are depicted in **Figure 2.0-4, Proposed Site Plan**, of the Draft EIR), and possible truck routes.

Page 2.0-19 of the Draft EIR under subsection E5., **Proposed Grading and Utilities Plan**, provides a description of the amount of cut and fill anticipated for the project, along with the areas to be graded and filled. **Figure 2.0-4** on p. 2.0-13 of the Draft EIR shows the construction boundary relative to the project site. Finally, the proposed hospital building elevations and the proposed construction phasing plans are included in **Appendix 2.0-2** of the Draft EIR. The proposed phasing plans show the existing facilities and parking lots, temporary support facilities and parking lots, and proposed hospital buildings, support facilities, and parking lots. The phasing plans in the appendix of the Draft EIR have been revised (see

below) due to minor inconsistencies (incorrect number of parking spaces) with the proposed site plan on p. 2.0-13 of the Draft EIR. Impacts associated with parking, noise and visual quality were determined with the above-mentioned information.

According to Section 15004(b) of the California Environmental Quality Act (CEQA) *Guidelines*, "EIRs and negative declarations should be prepared as early as feasible in the planning process to enable environmental considerations to influence project program and design and yet late enough to provide meaningful information for environmental assessment." This allows for flexibility in the project design and minimizes possible costly design changes and project proponent's resistance to analyzing alternatives and including mitigation measures.

The project design is not advanced enough for the Draft EIR to provide all of the quantitative data requested by the commentor regarding construction activities. However, the information presented in the project description provides adequate information to determine project impacts.

As described in **Chapter 2.0, Project Description**, of the Draft EIR, the existing main entry at Laguna Honda Boulevard/Dewey Boulevard/Woodside Avenue and the secondary entry at Woodside Avenue would be retained under the proposed project. The existing Woodside Avenue entrance to the hospital will be shifted and reconfigured to a two-way signalized driveway as part of a separate project.

Construction workers driving small trucks and cars would access the site via the main entry. Haul trucks (i.e., concrete and semi-trucks) would access the site via the new Woodside Avenue driveway, which would provide an adequate turning radius for such large trucks. Segregation of campus access would not occur between construction vehicles, haul trucks, and staff/visitor vehicles. However, segregation of parking and internal circulation would occur.

In order to clarify vehicular access to the site during the construction period, the Draft EIR is hereby revised as follows:

[p. 2.0-18, fourth paragraph] ~~"Segregation of campus access and parking would occur between construction vehicles and staff/visitor vehicles. Construction vehicles would use the main entry, and staff and visitors would use the Woodside Avenue entrance during the majority of the construction period. The Woodside Avenue driveway will be under construction beginning September 2002 until approximately June 2003. Access to the project site via the main and secondary entries would be available throughout the entire proposed project construction period and, as mentioned above, would be retained upon project completion. Although segregation of campus access would not occur between construction vehicles, haul trucks, and staff, visitor, and other cars (e.g., service vehicles), segregation of internal circulation and parking would occur. Construction worker vehicles (e.g., small trucks and cars) would use the main entry to access the site,~~

along with staff, visitor, and other cars. The reconfigured driveway on Woodside Avenue would provide an adequate turning radius for large trucks and thus large trucks hauling materials (e.g., concrete trucks and semi-trucks) would access the site via the Woodside Avenue driveway. Upon entering the campus, haul trucks would use designated haul routes. Construction workers would park their vehicles in Clarendon Valley and other on-site areas, away from visitor and staff parking."

Upon project completion, a ramp compliant with the Americans with Disabilities Act (ADA) would be provided from Woodside Avenue for access up to the entry driveway of the Main Hospital Building. A portion of the retaining wall along Woodside Avenue may be removed to accommodate the ramp.¹ The construction of the ramp would commence during Phase Two of the construction phasing plans. In order to clarify the construction elements of the ramp, the Draft EIR is hereby revised as follows:

[p. 1.0-3, second paragraph, new last sentence] "The project includes the construction of a ramp that will comply with the Americans with Disabilities Act (ADA). The ramp would be located from Woodside Avenue up to the entry driveway of the Main Hospital Building."

[p. 2.0-9, last paragraph, continued on p. 2.0-11] "Proposed new construction would include hospital buildings and associated support facilities, an assisted living facility, disabled access in the form of a ramp from Woodside Avenue up to the Main Hospital Building entry driveway in compliance with the Americans with Disabilities Act (ADA), and parking lots. A portion of the retaining wall along Woodside Avenue may be removed to accommodate the access ramp."

[p. 2.0-17, third paragraph, first sentence] "Phase Two would consist of constructing the new Greenhouse Building, Link Building, and Clarendon Hill East Building, and the access ramp."

[p. 2.0-19, fourth paragraph, first sentence] "Areas on the campus that would be graded include the area where the new Greenhouse Building would be built, and the existing Clarendon Hall East Parking Lot, and the area where the access ramp would be constructed from Woodside Avenue to the Main Hospital Building entry driveway."

Figure 2.0-4 is hereby revised to show an access ramp from Woodside Avenue to the main entrance of the Main Hospital Building (see Figure 2.0-4, Proposed Site Plan [Revised]).

¹ Because the ramp design is in its preliminary stage, the precise length of the retaining wall that may need to be removed to allow for the construction of the ramp is not known at this time. It is estimated that anywhere from 6 feet to 25 feet may be removed.

Legend

-  PROJECT SITE
-  CONSTRUCTION BOUNDARY
-  CLARENDON WEST PARKING LOT
-  CLARENDON HILL WEST BUILDING
-  CLARENDON HILL EAST BUILDING
-  CLARENDON VALLEY PARKING LOT
-  LINK BUILDING
-  GREENHOUSE BUILDING
-  MAIN FRONT ENTRY PARKING LOT
-  MAIN HOSPITAL BUILDING
-  ASSISTED LIVING FACILITY
-  MAIN EAST PARKING LOT
-  ACCESS RAMP



SCALE APPROXIMATE

SITE BOUNDARY

LIMITS OF
CONSTRUCTION

REVISED OPEN SPACE
BOUNDARY

SPACE

PANORAMA DRIVE

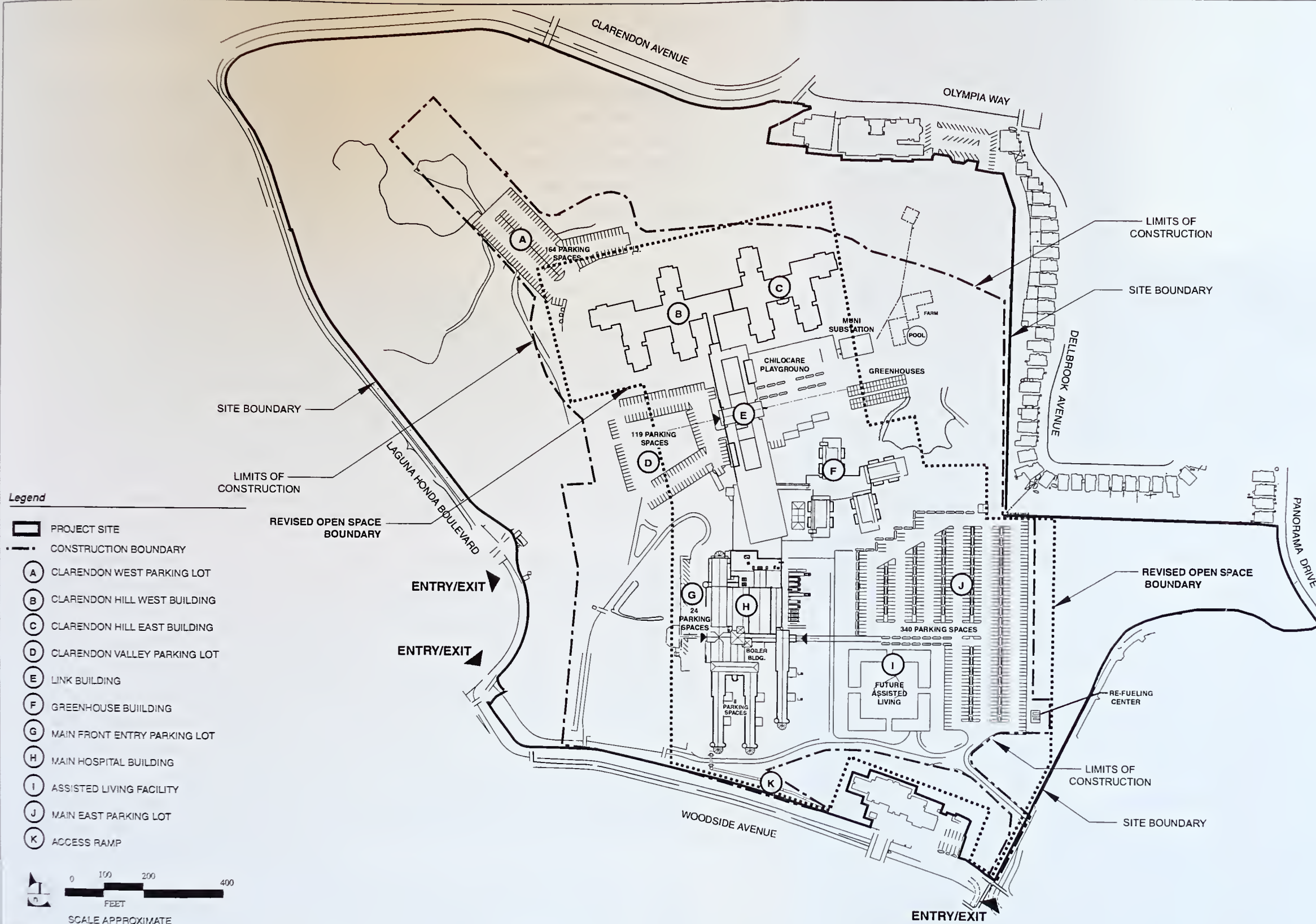
SOURCE: Anshen + Allen Architects

FIGURE **2.0-4**

Proposed Site Plan (Revised)

Draft EIR P. 2.0-13

LAGUNA HONDA HOSPITAL REPLACEMENT EIR



SOURCE: Aronson + Allen Architects

FIGURE 2.0-4

Proposed Site Plan (Revised)

Draft EIR P. 2.0-13

LAGUNA HONDA HOSPITAL REPLACEMENT EIR

Figure 2.0-4 of the Draft EIR shows the construction boundaries (limits of construction) for the proposed project (please refer to Section 5.0, Staff-Initiated Changes to the Draft EIR for the refined limits of construction). Portions of the open space area that are within the construction boundary generally include the undeveloped land northwest of the existing Clarendon Hall building and the areas west and east of the Clarendon Valley. As a result of construction activities, these areas would not be available for recreational use during certain phases of the construction period. However, the majority of the open space area (all areas outside of the construction boundary) would not be disturbed and these areas would be accessible during the entire construction period.

Figure 2.0-4 has been refined to include the revised open space boundary that would occur as a result of the project. As explained in the Draft EIR, the existing open space boundary, has not been clearly defined and is presented in the Draft EIR as an approximation. For this reason, a quantitative analysis can not be conducted to determine the changes in the open space boundary from implementation of the proposed project. However, given the approximate existing open space boundary and the proposed revised open space boundary it is clear that the open space boundary would not substantially change. Therefore, it is safe to assume that over 50 percent of the site area would remain in permanent open space. The Planning Department has recently determined that the project no longer requires a *General Plan* Amendment since only a minor adjustment would occur to the open space boundary and the general configuration would not change. Please refer to Section 5.0, Staff-Initiated Changes to the Draft EIR for a discussion on the removal of the General Plan amendment from the Draft EIR text.

In the long term, the open space area would not change substantially from its existing condition. Upon project completion, open space uses would continue to be similar to what they are now. However, differences would occur in the physical character of some portions of the open space. The proposed Clarendon West Parking Lot would be built in the northwestern portion of the project site and the Clarendon Valley Parking Lot would be reconfigured as part of the project. Both of these parking lots would be within the open space area. Although these parking lots would be paved, they are consistent with open space uses according to Sections 260(b) and 290 of the San Francisco Planning Code. In addition, please note that the satellite complex would be removed in the near future and thus is no longer proposed for installation in the southeastern portion of the campus.

As mentioned above, Figure 2.0-4 identifies the limits of construction. All construction activities, including construction staging and placing of debris, would occur within this construction boundary. The areas outside of the construction boundary would not be disturbed by project activities during the construction period and upon project completion.

Upon project completion, access to Laguna Honda hospital and the open space area would be improved. The proposed Link Building entrance to the hospital would be two stories lower than the existing hospital entrance, making access to the hospital from the Forest Hill MUNI Station more convenient. Currently,

steps and relatively steep ramps provide access to the outdoor areas. As part of the project, these steps and ramps would be removed, and ramps designed in compliance with ADA wheelchair standards would facilitate access to the outdoor gardens. Further, the public trails within the Clarendon Valley would be expanded and would connect to the existing trail system in the open space area.

To clarify the availability of hospital services during the construction period, the Draft EIR is hereby revised as follows:

[p. 2.0-16, new first paragraph under subsection E4., **Proposed Construction Phasing Plan**] "The proposed project would be implemented in three phases; the dates listed for each phase are approximate and are subject to change. See Appendix 2.0 for the project's phasing plans.⁶ The hospital would remain operational during all phases of construction and residents would be moved from buildings to be renovated or demolished into new or renovated buildings throughout the construction period as necessary. Clinical staff would relocate along with the residents, administrative staff would remain in the existing Main Hospital Building, and outpatient services would be relocated from the existing Clarendon Hall to a remodeled portion of the existing Main Hospital Building prior to the vacation and subsequent demolition of Clarendon Hall. The project phasing plans take this into account and have been designed to minimize movement of hospital residents."

[P. 2.0-16, subsection E4(a) Phase One, first paragraph, first sentence] ~~"The proposed project would be implemented in three phases; the dates listed for each phase are approximate and are subject to change. See Appendix 2.0 for the project's phasing plans."~~

Comment 2

"That propane refueling station as well is not addressed in any place in the EIR. And yet that is going to be there for what? Something in the neighborhood of 10 years. If you've ever seen the explosion that takes place when a propane refueling station goes up, it's not very nice. And it's going to be right on this one woman's backyard." John Paul, Planning Commission public hearing comments, January 10, 2002

⁶ The construction phasing plans in Appendix 2.0 correlate to the construction phasing discussed in this section and throughout the EIR as follows: Phase One is generally the same as Phases A through C; Phase Two is generally the same as Phase D; Phase Three-A is generally the same as Phases E and F; and Phase Three-B is generally the same as Phases G and H.

"The Refueling Station and underground Storage Tanks, as shown on the Site Plan (p. 2.0-13) and the Phase B plan, would be located within less than 200 feet of the closest homes on Dellbrook Avenue, and at an elevation higher than some homes on that block. The report needs to state what safeguards would be incorporated in that installation to minimize the risk of tank rupture-and consequent leakage, contamination and fire danger-in case of a major earthquake. Also, what alternative site(s), farther removed from residences, have been considered, and the reason(s) for their rejection." Gilbert De La Mora, *et al.*

Response 2

The location of the proposed re-fueling center shown on **Figure 2.0-4, Proposed Site Plan**, of the Draft EIR is incorrect. As shown on **Figure 2.0-4, Proposed Site Plan (Revised)**, the re-fueling center would be located on the southeast corner of the Main East Parking Lot, approximately 500 feet from the property line of the nearest Dellbrook residents. The relocated re-fueling center would be about 200 feet further from the Dellbrook residents' property lines than the existing re-fueling station.

The existing location of the fueling station and propane tanks to be relocated are shown on Phase A in **Appendix 2.0-2, Project Phasing Plans**, of the Draft EIR. Currently, within the general vicinity of this area, there are three 1,000-gallon propane tanks, one 5,000-gallon gasoline underground storage tank and two 15,000-gallon diesel underground storage tanks. A Phase I Environmental Assessment, conducted by Weiss Associates (May 2000), evaluated the condition of the tanks. According to the Weiss Associates report, the above-mentioned tanks are in compliance with local, state, and federal regulations.

The tanks associated with the proposed re-fueling center would be required to comply with Chapters 6.67 and 6.7 of the California Health and Safety Code. All aboveground and underground storage tanks are required to be designed to provide at least a secondary means of containment for the entire contents of the tanks and a monitoring system to detect leaks. State regulations require daily visual inspections and annual inspections by the Regional Water Quality Control Board of the aboveground and underground storage tanks. The tanks would also be permitted and monitored by the San Francisco Fire Department.

As noted above, the new refueling station would be located about 500 feet from residents along Dellbrook Avenue, but the Draft EIR reported the distance from these residences as about 100 feet. Changes to the Draft EIR to correct the distance include:

[p. 2.0-12, second paragraph, third sentence] "A new fueling station ~~and new satellite dish~~ would be erected on the southeastern portion of the campus at the corner of the ~~campus near~~ the Main East Parking Lot."

[p. 3.4-16, first paragraph, fifth sentence] "An interim electrical facility, ~~new fueling station, and new satellite dish complex~~ are is proposed to be constructed approximately 80 to 100 feet from these residents."

[p. 3.4-16, first paragraph, last sentence] "Therefore, impacts associated with construction of the electrical facility, ~~fueling station, and satellite dish complex~~ would be considered less than significant."

[p. 3.4-21, first full paragraph, third sentence] "At these receptors, construction noise increases would be noticeable at times (increasing ambient noise levels by 5 dBA or more), but noise levels would not cause speech interference effects within adjacent residences (except during construction of the interim electrical facility, ~~new fueling station, and new satellite dish~~ in Phase One)."

In addition, Figure 3.2-3, **Proposed Parking Plan**, is hereby revised to show the correct location of the re-fueling center.

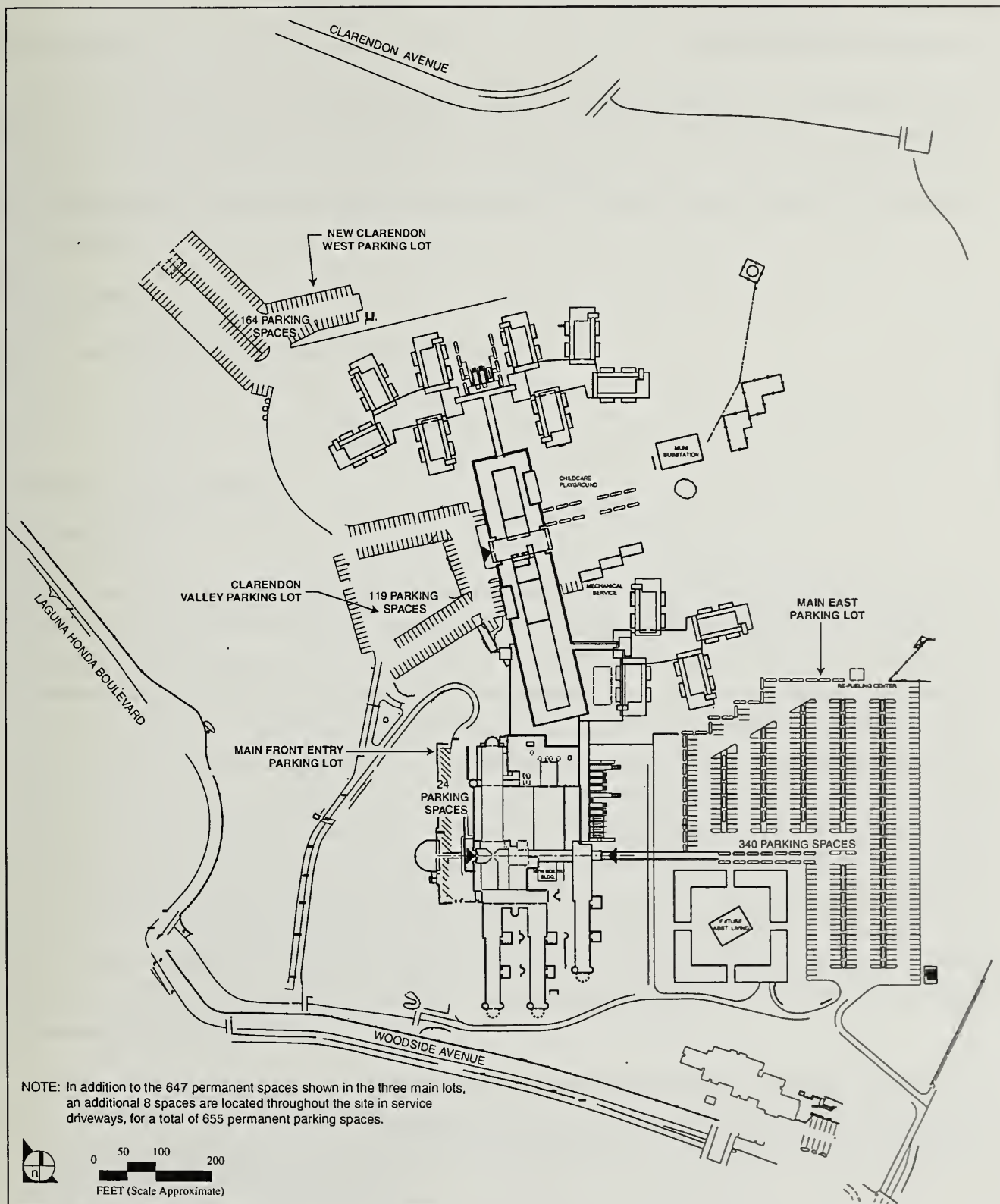
Project Objectives

Comment 3

"p. 2.0-3: Project Objectives: Why is access limited to residents to the outdoors in item 12 and what is the definition of 'outdoors?' Does it include access to the surrounding neighborhood and access for workers, visitors and volunteers to the Hospital from the neighborhood?" Eileen Fanelli

Response 3

The intent of the project sponsor's Objective 12, Access to Outdoors, is to ensure that design of the hospital replacement facilities allows for the provision of convenient, sheltered, and level access to the outdoors for the hospital's residents. In this case 'outdoors' refers to the hospital campus grounds. The objective is directed toward serving the hospital residents, and is one of several design criteria that were developed by the Department of Public Health through a process that included convening a National Advisory Council and visiting local and national long-term care facilities.



SOURCE: Anshen + Allen Architects

FIGURE 3.2-3

Proposed Parking Plan (Revised)

LAGUNA HONDA HOSPITAL REPLACEMENT EIR

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Comment 4

"2.0 Project Description – The Landmarks Board supports the Project objectives enumerated in the Draft EIR, including the Proposed Demolition Plan outlined on p. 2.0-9. The Landmarks Board feels that, although the identified historic resources are extremely significant and worthy of protection, the more compelling need to sustain the viability of Laguna Honda in its social mission justifies their demolition."

Tim Kelley

Response 4

The Landmarks Board's comment is acknowledged.

Project Characteristics*Comment 5*

"The project scope states it is one of the -- one of its elements is the beautification of the campus. Right now you have an institution that is surrounded by walls. In some cases very large walls on Woodside. To reflect the bond measure and the concerns of the public, the project scope should state as one of its elements integration of the institutional scale of the campus with a surrounding residential scale making the area more accessible to the community and to the residents of Laguna Honda moving off the campus site and onto the surrounding community. The EIR never mentions integration of the project with the surrounding community. The EIR only mentions beautification when it addresses the view of Twin Peaks Park. It fails to mention integration and beautification as it relates to improved access. Specifically the EIR does not address the 16 – six to 17 foot concrete graffiti wall along Woodside or the four-foot concrete wall along Laguna Honda, although these two features are physical and psychological barriers to the access to the hospital and to the main streets surrounding the hospital. The failure to address site access as a primary method of integrating this project with the surrounding community is a glaring omission of the EIR, and this omission should be corrected." Gene Burbank, Planning Commission public hearing comments, January 10, 2002

"p. 2.0-8: 'Project Characteristics, # 7: beautification of campus features visible to neighboring areas.' All the vantage points considered are from higher elevations only. Why? If modifications to the wall along Woodside are included to improve access and construct ADA access, why wasn't wall evaluated relative to this project objective?" Eileen Fanelli

"The project description in particular is incomplete. It must include integration of institutional scale of the project with the residential scale of the surrounding community. This key project projection was

required to meet the bond commitment of improved access and to remove the physical and psychological barrier between the hospital and the neighborhood." Eileen Fanelli, Planning Commission public hearing comments, January 10, 2002

"p. 1.0-3: A4 Proposed Project: The project elements should include improvements to access as outlined in the Bond measures. Access should be reflected in the integration of the institutional scale of the project with the surrounding residential scale of the neighborhood, Item 7, beautification of campus features visible to neighboring areas, is not discussed or defined in the following description of the project. What project elements address item 7?" Eileen Fanelli

Response 5

According to Proposition A, the "project" to replace Laguna Honda Hospital as authorized by the bond measure is defined as the following:

"...without limitation, all works, property and structures necessary or convenient for the acquisition, improvement, construction and/or reconstruction of a new health care, assisted living and/or other type of continuing care facility or facilities to replace Laguna Honda Hospital, including without limitation, infrastructure or other improvements in the areas appurtenant to, or which provide access to, such new facility or facilities."

Proposition A does not include language regarding improved access nor does it say anything about the integration of the scale of the campus with that of the neighborhood.

Thus, Proposition A does not require that the hospital replacement project improve access to the community or reduce the scale of the campus structures. However, as explained in the Draft EIR, one of the sponsor's objectives, Objective 20, Aesthetics, is to enhance the visual quality of the campus at the site boundaries. This objective is reflected in the proposed project design, which includes landscaping the main entrance to the hospital and along the pedestrian entry from the MUNI stop, among other visual enhancements. In addition, the project includes improvements that would increase access to open space and to the surrounding neighborhood (see Response 1, above).

The following discussion is hereby added to the Draft EIR to clarify the project elements associated with the beautification of the campus.

[p. 2.0-19, new subsection following the last paragraph of subsection E5.]

"E6. Proposed Landscaping

The project includes landscaping of Clarendon Valley, parking and infrastructure, and other areas within the campus. Reforestation and other landscaping activities would begin at the earliest feasible construction phase. As part of the reforestation and

landscaping effort, drought-tolerant native and Mediterranean trees and shrubs would be planted. The east and west areas of the Clarendon knoll would be planted with replacement trees that would increase the diversity of trees relative to existing conditions.

The areas immediately surrounding the new building complexes would be landscaped with woodland, meadow, and lawn vegetation. A landscape buffer would be planted along the east side of the Clarendon Hill West and East Buildings to help screen the views of these buildings from the neighborhood to the east of the project site. Following construction, road edges would be landscaped and any exposed slopes on the campus would be stabilized.

As shown on Figure 2.0-4, the proposed greenhouse and farm would be located in the northeastern portion of Clarendon Valley. The landscaping plan includes the construction of an improved greenhouse and farm area. In addition, an orchard (including picnic tables) and an approximately 1,200-square-foot garden area would be developed east of the proposed Link Building. Hospital residents would be able to engage in gardening activities in the new garden area. The greenhouse and farm would be accessible to the disabled. Planters would be provided on a raised platform, and gardening activities would be located in a flat area. Both the greenhouse and farm area would be located in a secure meadow.

The greenhouse, farm, and orchard would be used by staff, hospital residents, visitors, and volunteers. The public would have access to these areas during normal business hours.

The existing greenhouse and farm would be temporarily relocated during Phase One of the construction period. The new greenhouse, farm, residents' garden, and orchard would be constructed during Phase Three-A.

The main entrance to the hospital, along with the pedestrian entry from the MUNI stop, would be landscaped. The underbrush along both the main entrance and pedestrian path would be removed to improve the visual character of the area."

A minor portion of the existing wall may be removed to facilitate the proposed access ramp, but the majority or all of the wall would remain as it is now. The Draft EIR analysis focuses on the changes resulting from implementation of the proposed project, not aspects of existing conditions that would not change. It is not within the scope of the EIR to consider whether the project could be better designed. The retaining wall is an existing physical feature of the project site, and while it might be considered a negative feature by some, the improvement of this condition is not required under CEQA.

Comment 6

"The Proposed Site Plan (**Figure 2.0-4**, p. 2.0-13) shows, at the (south) eastern panhandle of the site, a northerly bulge extending into the private properties of #s 1154, 160, and 166 Dellbrook Avenue, and #s 201 through 227 Panorama Drive. Unless such a transfer to properties has taken place or is planned, this apparent drafting error needs to be corrected." **Gilbert De La Mora, et al.**

Response 6

The project site boundary as shown on **Figure 2.0-4** is incorrect in the area noted by the commentor. As shown, the project boundary on the eastern portion of the campus should not extend to the north into the residential homes on Dellbrook Avenue. Please refer to **Figure 2.0-4 (Revised)** to view the correct project site boundaries.

Comment 7

"There must be a detailed description of the project construction elements including ADA access and material stations and concrete work and work sequencing in a manner that we can evaluate its impacts, along with the cumulative impacts which are not really addressed for the adjacent YGC construction project." **Eileen Fanelli, Planning Commission public hearing comments, January 10, 2002**

Response 7

For a response to the first part of this comment, please refer to **Response 1** above. Please see **Response 50** below for a discussion of cumulative impacts related to the overlap of other construction projects with the proposed project.

Proposed Demolition**Comment 8**

"The Sustainability Plan of the City and County of San Francisco promotes the use of deconstruction rather than demolition. We ask that the EIR include plans for deconstruction of all the buildings proposed for demolition." **Pinky Kushner**

Response 8

The Board of Supervisors approved the Sustainability Plan (Plan) for the City and County of San Francisco in July 1997. Establishing sustainable development is the fundamental goal of this municipal public policy. The Plan comprises broad, social goals, which are five-year objectives to achieve a sustainable society. The Board of Supervisors has not committed the City to perform all the actions outlined in the Plan. Rather, the Plan serves as guidance for further development and public comment.

It is unclear what the commentor means by the word "deconstruction." The Plan's use of the word "deconstruction" is in the context of solid waste recycling under the topic Solid Waste, one of fifteen topics presented in the Plan. The primary goals and objectives under the Solid Waste category relative to the proposed project address the use of resource-efficient building practices in the City and County of San Francisco, specifically to encourage salvage, recycling, and reuse of construction demolition material.

The project includes resource-efficient building practices by incorporating recycling requirements and salvage and reuse practices. To comply with the ordinance, the project would adhere to San Francisco's Resource Efficient Building Ordinance. The contractor (for the proposed project) would conduct a Reuse/Recycle Assessment to: 1) identify materials that are feasible for salvage; 2) provide sufficient time in the schedule for implementation of the salvage component; and 3) determine the requirements for handling and transporting to a salvage facility.

Proposed Construction and Renovation

Comment 9

"The size of the satellite dishes currently located just east of the MUNI substation (Appendix 2.0-2, Phase B diagram) is such (see above mentioned photograph) that when relocated (Section E4(a), p. 2.0-16) to their new site in the (south-) eastern part of the campus near the water tanks (Figure 2.0-4, p. 2.0-13) they are likely to create a visual impact for a number of homes on Dellbrook Avenue and/or Panorama Drive.

That impact needs to be evaluated. If found to be significant and adverse, its mitigation – or a less intrusive alternate location – will need to be specified." *Gilbert De La Mora, et al.*

"An alternate plan for the placement of the large satellite complex by the water tanks behind the 100 block of Dellbrook should be considered. Midtown Terrace has the highest concentration of antennas in the city, and this site would increase this negative visibility and necessitate a thinning of the forest buffer."

Anne and Timothy Poirier

"The Draft EIR is misleading the public as to the true nature and function of the satellite dish complex. The satellite dish complex is owned by AT&T. AT&T has a contractual arrangement with the City of San Francisco to have their satellite dishes placed on Laguna Honda property. In essence, AT&T is a tenant and San Francisco/Laguna Honda Hospital is the landlord. On p. 2.0-9, **Section E2** of the Draft EIR states the following:

'Proposed new construction would include hospital buildings and associated support facilities, an assisted living facility, and parking lots. The new hospital buildings would consist of the Greenhouse Building, Clarendon Hill West, Clarendon Hill East, and the Link Building. The associated support facilities would include a boiler and power plant, an underground fuel storage tank, a fueling station, a satellite dish, and loading docks.'

The EIR is telling the public that the satellite dish complex is a necessary support facility for Laguna Honda Hospital. In the language of the EIR the satellite dish complex is as vital to the operation of Laguna Honda Hospital as power plants, boilers and loading docks. In truth, the satellite complex does not provide any operating support to the functioning of Laguna Honda Hospital. The current three (3) satellite dishes at Laguna Honda Hospital are 'Television Receive Only' (TVRD) satellite dishes. TVRD satellite dishes only receive signals; they do not broadcast signals. I would like the EIR to 1) reflect the true nature of the relationship between AT&T and Laguna Honda Hospital and 2) state that the satellite dish complex is separate and unique from the operation of Laguna Honda Hospital.

Although the draft EIR does mention the current three TVRD satellite dishes, it does not describe what equipment will be placed at the new location. The EIR should state specifically 1) what communication equipment will be placed at the new site, 2) the dimensions of any new or old antennas or satellite dishes and 3) what, if any, new communication equipment might or could be added under the current terms of the agreement between AT&T and the city of San Francisco.

Section 3.3 of the EIR titled 'Visual Quality' focuses on visual changes in the context of alteration or obstruction of scenic views from public areas, tree removal, and the introduction and change of light sources. The EIR examines the impact of the proposed hospital design and goes to great lengths to show that the new design will have a small or limited impact on local viewpoints. The EIR does not study, examine or mention the impact of placing three forty-foot high satellite dishes on the top of a ridge overlooking a neighborhood. These three satellite dishes will have a great impact on 'visual quality' as they loom over the Midtown Terrace neighborhood. I would like the EIR to examine the 'visual quality and sight lines' of the planned relocation site for the satellite dish complex. This study should be conducted before the site is relocated.

Laguna Honda Hospitals 'open space' should not be decreased for a non-essential facility such as the satellite dish complex. As can be seen on **Figure 2.0-4**, the proposed site plan, the satellite dish complex will compromise approximately 3 - 4% of the projects existing open space. The reduction of Laguna

Honda open space would be unnecessary if the project would simply relocate the satellite dish complex to a new location either on or off of the Laguna Honda Hospital site.

The EIR should state the impact of the satellite dish complex as it relates to open space and explain why the public should sacrifice so much open space for a non-essential facility.

The current location of the satellite dish complex is approximately 300+ feet from Dellbrook Avenue homes. The ridge below the proposed new site location is extremely steep and may be weakened by the construction and weight of the satellite dish complex. Over the last five years, the soil above the Youth Guidance Center has been shifting and moving. Homes on Panorama Street are beginning to suffer cracks caused by these soil shifts. A study examining the strength of the Dellbrook hillside should be conducted. If the hillside is found to be impacted by the satellite dish complex, the complex should either be relocated to another site and/or the Dellbrook hillside must be reinforced." George Wooding

Response 9

As one of the commentators mentioned in the above comment, the satellite dish complex on the Laguna Honda hospital campus is owned by AT&T. The City and County of San Francisco allows AT&T to locate their satellite dishes on the campus through contractual agreements. Subsequent to publication of the Draft EIR, AT&T expressed that the satellite dishes are no longer needed, and AT&T intends to remove them from the campus by the end of 2002. The project sponsor has confirmed this with AT&T.² As a result of this action, the proposed project would no longer make provisions for a new satellite dish on the southeastern portion of the campus. In order to clarify the above, the Draft EIR is hereby revised as follows:

[p. 2.0-9 second paragraph, third sentence, continued on p. 2.0-11] "The associated support facilities would include a boiler and power plant, an underground fuel storage tank, a fueling station, ~~a satellite dish~~, and loading docks (see Figure 2.0-4, Proposed Site Plan)."

[p. 2.0-12, second paragraph, third sentence] "A new fueling station ~~and new satellite dish~~ would be erected on the southeastern portion of the campus at the corner of the ~~campus near the~~ Main East Parking Lot."

[p. 2.0-16, second paragraph, third sentence] "~~The existing satellite complex would be relocated to the eastern portion of the campus.~~"⁷

² Callow, Michael, Area Headend Manager, West Bay/AT&T Broadband, correspondence, March 21, 2002.

[p. 3.4-16, first paragraph, fifth sentence] "An interim electrical facility, ~~new fueling station, and new satellite dish complex~~ are is pr oposed to be constructed appr oximately 80 to 100 feet from the property lines of these residents."

[p. 3.4-16, first paragraph, last sentence] "Therefore, impacts associated with construction of the electrical facility, ~~and satellite dish complex~~— would be consider ed less than significant."

[p. 3.4-21, second paragraph, third sentence] "At these receptors, construction noise increases would be noticeable at times (increasing ambient noise levels by 5 dBA or more), but noise levels would not cause speech interference effects within adjacent residences (except during construction of the interim electrical facility, ~~and new fueling station, and new satellite dish~~ in Phase One)."

In addition, **Figures 6.0-1, Alternative One: Site Plan and 6.0-2, Alternative Two: Site Plan** have been revised to removed the satellite dish complex from the graphics since the satellite dish complex would no longer exist on the hospital campus.

Proposed Construction Phasing Plan

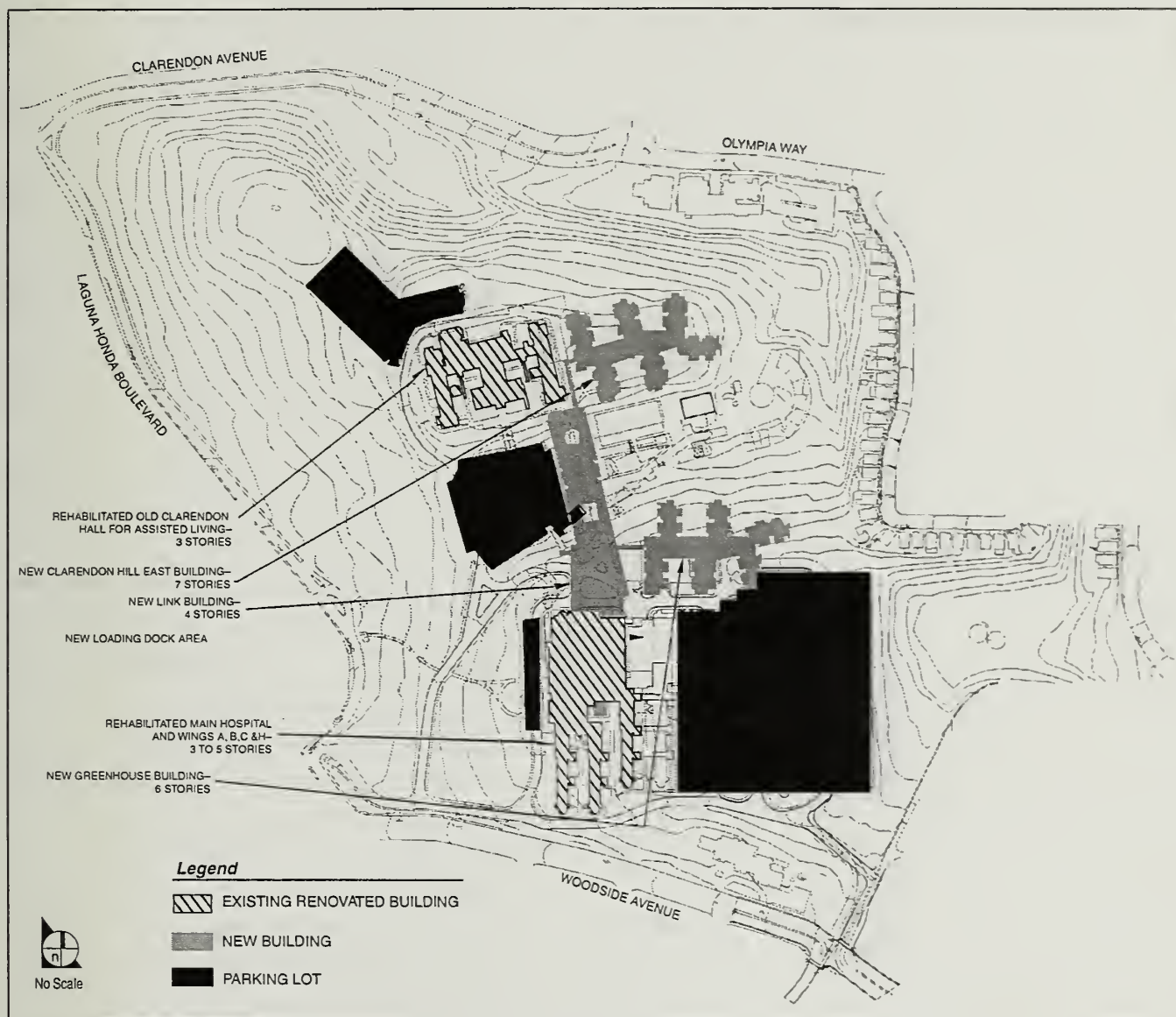
Comment 10

"p. 2.0-18: 'Access Routes' Descriptions fail to note that a left-hand turn isn't possible at 7th Avenue. In addition, there is no San Jose Avenue exit from I-280 South (eastern access rte.). Monterey Blvd exit is a difficult exit to negotiate, requiring a hard right turn to reach O'Shaughnessy Blvd. Please clarify the number of vehicles, especially the types of construction vehicles that will be expected on each proposed route. In particular the length and weight of each type of vehicle should be noted relative to the radius of the turns and the potential for trucks to veer into the on-coming traffic lanes creating a safety hazard."

Eileen Fanelli

Response 10

The commentor is correct in that a left-hand turn is not possible at 7th Avenue. Also, the Draft EIR incorrectly states that San Jose Avenue is accessible via southbound I-280. Given this, the project sponsor has re-evaluated the feasibility of the haul routes. All of the routes assume that the reconfigured two-way Woodside Avenue driveway would be available for use by the hospital. The proposed use of the Woodside driveway by Laguna Honda during construction has been agreed upon by the YGC. None of the routes would include the use of Dewey Boulevard, Claremont Avenue, or O'Shaughnessy Boulevard.



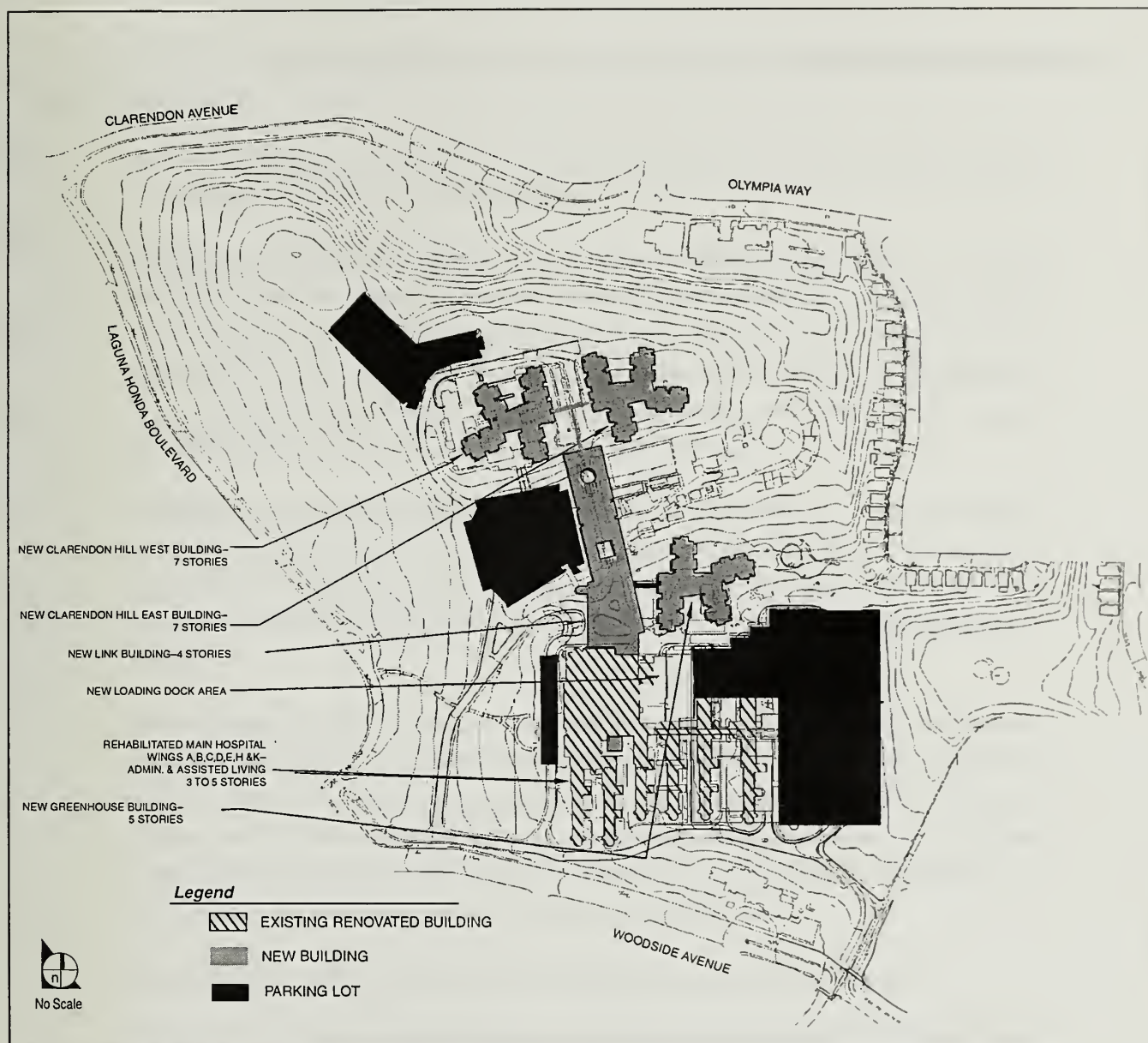
SOURCE: Architectural Resources Group

FIGURE 6.0-1

Alternative One: Site Plan (Revised)

LAGUNA HONDA HOSPITAL REPLACEMENT EIR

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SOURCE: Architectural Resources Group

FIGURE 6.0-2

Alternative Two: Site Plan (Revised)

LAGUNA HONDA HOSPITAL REPLACEMENT EIR

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The description of truck routes in the Draft EIR is hereby revised as follows to incorporate the proposed routes:

[p. 2.0-18, fifth paragraph, through p. 2.0-19, first paragraph] "Three possible truck routes have been identified and are described below.

Southern Access Route: Southern access would be via Interstate 280 (I-280). Trucks would use either the Junipero Serra exit from I-280 northbound or the San Jose Avenue exit from I-280 southbound. Trucks would follow Junipero Serra to Portola Drive to Claremont Boulevard to Dewey Boulevard to the main Laguna Honda hospital entrance. Trucks exiting Laguna Honda hospital would turn right and continue down Laguna Honda Boulevard to 7th Avenue to Lincoln Way to 19th Avenue.

Northern Access Route: Northern access would be via Highway 1. Trucks would go down Park Presidio and 19th Avenue to Taraval Street to Dewey Boulevard to the main Laguna Honda hospital entrance. Trucks exiting Laguna Honda hospital would turn right and continue down Laguna Honda Boulevard to 7th Avenue to Lincoln Way to Park Presidio.

Eastern Access Route: Eastern access would be via Interstate 80 (I-80). Trucks coming from the east would take I-280 to the San Jose Avenue exit and follow the southern access route. Alternatively, trucks may exit Fell Street and drive to Lincoln Way to 7th Avenue to Laguna Honda Boulevard to the main Laguna Honda hospital entrance. Trucks exiting Laguna Honda hospital would turn right and continue down Laguna Honda Boulevard to 7th Avenue to Lincoln Way to either Fell Street or 19th Avenue.

The following three truck routes have been identified for the proposed project:

Southern Access Route: Southern access would be via Interstate 280 (I-280) northbound to the 19th Avenue exit. Trucks would turn right and travel eastbound on Sloat Boulevard, then turn left to northbound Portola Drive and turn left to westbound Woodside Avenue. From Woodside Avenue, trucks would turn right into the Woodside Avenue entrance. Trucks exiting the hospital campus would turn left on eastbound Woodside Avenue, and turn right and head southbound on Portola Drive to Junipero Serra Boulevard. From Junipero Serra, trucks would turn left heading southbound on I-280. Alternatively, southbound trucks exiting the hospital campus could turn left, travel eastbound on Woodside Avenue, turn left on Portola Drive, and head eastbound to Market Street to Duboce Avenue to the South Van Ness on-ramp to Interstate 80 (I-80).

Eastern Access Route: Eastern access from the Bay Bridge would be via I-80. Trucks coming from the east would travel westbound to Duboce Avenue, turn left on Market

Street, head southbound to Portola Drive, and turn right onto westbound Woodside Avenue. Trucks would turn right and enter the hospital from the Woodside Avenue driveway. Eastbound trucks exiting the site would turn left (eastbound) onto Woodside Avenue to Portola Drive, turn left and head east to Market Street. From Market Street, trucks would turn right onto Duboce Avenue to the South Van Ness on-ramp to I-80.

Northern Access Route: Northern access would be via Highway 1 from the Golden Gate Bridge. Trucks would travel south on Presidio Boulevard to southbound 19th Avenue. From 19th Avenue, trucks would turn left (eastbound) on Sloat Boulevard to Portola Drive and turn left (westbound) to Woodside Avenue. Exiting the hospital, trucks would turn left (eastbound) on Woodside Avenue to Portola Drive, turn right on Portola Drive, head southbound to Sloat Boulevard and turn right on Sloat Boulevard to northbound 19th Avenue."

Please see **Response 48** below for a discussion of construction-related truck trips and types and sizes of construction vehicles.

Proposed Grading and Utilities Plan

Comment 11

"Now under the Proposed Rate and Utility Plan section there's a statement that says: Although cut and fills would be balanced on site, trucks would need to haul building materials to the campus. We would like to see specific restrictions on these grading operations that require on-site cycling or hauling of the cut-and-fill material within the site itself, not off the site." **Richard Parrino, Planning Commission public hearing comments, January 10, 2002**

Response 11

As stated on p. 2.0-19 of the Draft EIR, the balancing of cut and fill would occur on the site and therefore no excess fill materials would need to be hauled off-site. During the last phase of construction, there would be about 125 heavy-duty trucks scheduled over a six-week period for hauling soft demolition debris off site. Please refer to Response 48 for a discussion of construction truck delivery and haul trips to the hospital campus.

As described on p. 3.4-21 of the Draft EIR, the project would require delivery of equipment and building materials, such as steel. The project is estimated to generate an average of seven round-trip truck trips per day to a maximum peak of 15 trucks per day throughout construction for delivery of equipment and

materials. In addition, based on a conservative estimate, up to four round-trip concrete truck trips per hour (eight one-way truck trips per hour) would be generated during some days of each building construction phase.

As mentioned above in Response 1, the project is still in the preliminary stages of design and, although the project's conceptual design enables evaluation of the project's impacts, final grading plans have not been established. Such specifications are generally established during the final planning stages of a project.

Art Commission Review

Comment 12

"P. 2.0-22: 'Art Commission Review' How does this review include criteria for access as it relates to the ADA access planned on Woodside Avenue and the integration of the institutional scale of this project with the residential scale of the surrounding community. Please define aesthetic merit and how it applies to the view from Woodside Ave. and Laguna Honda Blvd." Eileen Fanelli

Response 12

According to the Art Commission staff, assessing ADA compliance is not within the jurisdiction of the Art Commission. All issues regarding review of a project's compliance with state and national ADA regulations are within the purview of the Department of Building Inspection.

The Art Commission does not have a formal requirement for criteria regarding massing and scale. The criteria used to determine the appropriate and most excellent design are subjective. A checklist or guidelines have not been established. Therefore, the design of a project would be evaluated by the Committee based on a critique and discussion of its scale and massing for accessibility, safety, and aesthetic merit.

The concept of "aesthetic merit" has many interpretations and is subjective in nature. The members of the Art Commission use their professional experience and training to assure that the public realm is enhanced with integrity. Aesthetic merit is assessed in terms of visual and pragmatic qualities. Issues of scale, volume, circulation, color, material, rhythm, transparency, and opaqueness are considered. The design's response to its context and historic precedent is also taken into consideration. Cost-effectiveness in relation to design is also considered. The concept of "aesthetic merit" is complex in general.³

³ Taylor, Rommel, San Francisco Art Commission, personal communication, April 24, 2002.

The commentor's statement regarding views from Woodside Avenue and Laguna Honda Boulevard appears to be addressing the view of the retaining wall. Please refer to Response 5 for a discussion of the Draft EIR's treatment of the retaining wall.

3.0 EXISTING CONDITIONS AND PROJECT IMPACTS

3.1 LAND USE AND PLANNING

General

Comment 13

"The Open Space (OS) height and bulk district constitutes about one half of the project area, while (building) construction is projected to be contained within the 80-D height and bulk district, the other half of the campus. However, accessibility to the outdoors is a project objective, and fire hazards are a potential impact which overlaps both districts. The two issues need to be addressed in the report." Gilbert De La Mora, *et al.*

"The 50% open space zoning of the total 62-acre land parcel will be ignored during the multi-year redevelopment period. This is public property and citizens must maintain the right to access of 50% of the land. It is unclear whether the final project will spread outside the 50% public-access zoning area as well, which does not include private parks for Laguna Honda use only." Anne and Timothy Poirier

Response 13

Please see the discussion regarding "limits of construction" and the revised open space boundary in Response 1 above. Also, please see Response 3 above for a discussion of Objective 12, Access to Outdoors. In addition, please note that the satellite complex would be removed in the near future and thus is no longer proposed for installation in the southeastern portion of the campus (see Response 9).

It appears that the commentor is saying that the proposed project, under Project Objective 12, would allow more access to the open space area than currently exists. In addition, the commentor is stating that both the open space area and the developed portion of the hospital campus are fire hazard areas.

As discussed in Response 3 above, in this case, "outdoors" in Project Objective 12 refers to the hospital campus grounds and not the open space area. Therefore, achieving Project Objective 12 would improve outdoor access in the developed areas of the campus, not necessarily providing more access to the open space area. In addition, according to the San Francisco Fire Department, the hospital campus has not

been identified as a fire hazard area.⁴ Therefore, the commentator's statement that the open space area and developed portions of the site are considered a fire hazard area is incorrect.

Furthermore, because the proposed project would not change the access to the open space area from current conditions, any potential fire hazards to people and structures in the open space area are considered an existing condition. The Draft EIR analyses focuses on the changes resulting from the proposed project, not aspects of existing conditions that would not change.

Impacts related to fire hazards were analyzed in the Initial Study (p. 40) (Appendix 1.0 of the Draft EIR) and were determined to be less than significant. The proposed project would bring the hospital into compliance with state and federal fire safety regulations. In addition, the City and County of San Francisco ensures fire safety through the Building Code and the Fire Code. Existing buildings are required to meet standards contained in these codes, as implemented through the permit review process.

Comment 14

"Access to the open space areas needs to be retained and maintained during the construction period and, after having been enhanced (item 7, p. 2.0-8), when construction has been completed. That access to the outdoors is primarily but not exclusively for the use and benefit of the residents (item 12, p. 2.0-3). But it is also for that of the staff, the visitors of the residents, and the public at large. For members of the staff—the brains, lifeblood and muscle within the existing and the to-be-built structural shells—that accessibility represents an opportunity to relax, during their breaks, in communion with nature, and a respite from their at times stressful duties.

Construction activities during many project phases will disrupt or eliminate the use of or access to certain outdoor facilities such as that of the 'picnic' area northwest of Clarendon Hall during Phases C through G (6 years, 2003-2009). Therefore, general guidelines for the relocation of those facilities and for the realignment, reactivation and/or maintenance of safe trail segments need to be included in the report.

Section 101.1 of the City planning Code established eight (8) Priority Policies. One of these is the Preservation (Section D3, p. 3.1-8) and/or Protection (Initial Study, p. 14) of Open Space. The Proposed Construction Phasing Plan (Section E4, pp 2.0-16 through 19) specifies that crushed concrete and dirt from the buildings demolished during Phases One, Two, and Three-A would be placed at given locations within the 80-D heights and bulk district.

⁴ Schembri, Peter, Lieutenant, San Francisco Fire Department, personal communication, June 13, 2002.

That Plan also needs to specify where such broken concrete, etc. from Wings D, E, F, G, K, L, M and O, to be demolished during Phase Three-B, would be placed.

Placing such landfill debris in the Open Space area-such as the generally pristine northern part-would violate the intent and spirit of the Priority Policies. The fact that part of the north-facing hillside, north of the parking area east of Clarendon Hall, has been used as a dump site for debris, bottles, old metal furniture, tires, etc. is reason for allowing for the possibility that the reactivation of such practices may have been contemplated. This issue needs to be addressed." *Gilbert De La Mora, et al.*

Response 14

Please see **Response 1** above for a discussion of access to the open space area during the construction period, access improvements upon project completion, and the limits of construction. No construction activities, including the placement of crushed concrete and construction staging, would occur outside the limits of construction as identified in **Figure 2.0-4**. Please refer to p. 2.0-17 of the Draft EIR, which states that crushed concrete and dirt from demolition activities would be used as fill for the temporary/permanent parking lot located northwest of Clarendon Hall. In addition, crushed material would be used for the proposed Clarendon Hill West Building and for areas within the west valley floor. The construction debris piles, including crushed concrete and other demolition material, would be temporarily placed somewhere within the construction boundary. However, these piles would be removed and used as fill as described above.

Pursuant to CEQA, the Draft EIR's project description includes a statement of the objectives of the project sponsor, including the underlying purpose of the project. Item 12 on p. 2.0-3 of the Draft EIR is a project objective. The project sponsor's intent is to facilitate outdoor access for residents through the proposed design. Although objective 12, Access to Outdoors, is focused on residents, the improvements to outdoor access, as discussed in **Response 1** above, would also benefit visitors, family members, and the public. Refer to **Response 3** regarding Objective 12, Access to Outdoors.

Comment 15

"Laguna Honda Hospital sits in a lovely garden area with many sites of both planted and natural vegetation. These areas should be preserved as much as possible. The EIR should provide a plan of the existing garden areas on the site, along with comments on how these sites will be protected during construction phases. This analysis is especially important for the on-site natural areas, which to some uninformed persons may look like 'a bunch of weeds,' but which in reality are important fragments of our natural worlds in San Francisco. Both a botanist to identify native plants and a geologist to document any significant rocky outcrops should be consulted for this study. In accordance with the Sustainability

Plan of the City and County of San Francisco, future landscaping plans should emphasize plants native to the site." Pinky Kushner

Response 15

Please see Response 5 above regarding the proposed landscaping plan, which would include native plants. The Draft EIR is only required to analyze impacts on plant and animal species that are considered a biological resource pursuant to the CEQA *Guidelines*. The existing garden areas on the project site include ornamental landscaping, consisting of non-native species, and are not considered an important biological resource.

A field survey was conducted by Impact Sciences on May 23, 2000 to identify biological resources on the project site. Based on this survey, a description of the types of trees and vegetation on the site is provided on p. 30 of the Initial Study in Appendix 1.0 of the Draft EIR. The Initial Study (p. 31) concluded that, because areas of the site within the construction boundary do not contain native vegetation and no rare or endangered plant or animal species are expected to occur on the project site, significant impacts to biological resources would not occur.

URS Corporation prepared a geotechnical investigation for the project site in October 2000. This investigation also incorporates the results of a geotechnical investigation prepared by Woodward-Clyde Consultants in January 1982. Neither of these reports identified any significant geological features (i.e., "rocky outcrops") on the project site.

General Plan

Comment 16

"p. 3.1-7 to 3.1-8: 'General Plan Elements' How does the residence element link to the integration of the facility with the surrounding community, especially considering that the project will expand services provided at the hospital?" Eileen Fanelli

Response 16

The Residence Element, Objective 6, is listed on p. 3.1-7 of the Draft EIR as a *General Plan* objective that is applicable to the project. This objective is to minimize the disruption caused by expansion of institutions into residential areas. The proposed project is primarily a replacement project with some expansion of services, including the expansion of hospital beds from 1,065 to 1,200 and the expansion of the existing outpatient programs and services by 25 percent. The proposed project would be developed on an existing hospital campus and would not expand into any residential areas. No other policy or objective in the Residential Element of the *General Plan* is applicable to the proposed project. The Draft EIR analyzes

impacts associated with the proposed project, including the expansion of services, and identifies specific significant impacts. Mitigation measures are provided to reduce those impacts to a less-than-significant level.

Planned and Approved Land Uses

Comment 17

"p. 3.1-9: 'Planned and Approved Land Uses' This section mentions that no other major projects are planned in the project vicinity when there is a construction project at the corner of Woodside and Portola, the Youth Guidance Center is in the final design stages of a 3 to 4 year construction project and the San Francisco Water Department is construction improvements to the Mid-Town Terrace Reservoir. In addition, City construction of the pump station at Clarendon and Laguna Honda Blvd. was just recently completed. The Draft EIR's definition of 'major' is omitted from the discussion. The Draft EIR presumably justifies its lack of discussion on the cumulative impacts including the duration of active construction in the neighborhood, in addition to the intensity of construction, should be addressed. The Draft EIR also references the signal installation on Woodside Avenue and coordination with YGC."

Eileen Fanelli

Response 17

The Juvenile Hall Reconstruction Project and proposed signal installation are discussed on p. 3.1-9 of the Draft EIR. The commentor is correct that the Draft EIR does not mention other planned or on-going projects in the project vicinity. The on-going and planned projects in the project vicinity have been reconsidered to determine which projects would overlap with the proposed project's schedule. One other project proposed for construction in area of the hospital campus, the Sutro Pipeline project sponsored by the S.F. Public Utilities Commission, would partially overlap the construction schedule for the proposed project. In order to correct the information about on-going and planned projects in the area, the Draft EIR is hereby revised as follows:

[p. 3.1-9, new fourth paragraph] "In March 2002, the S.F. Public Utilities Commission will begin the third and final phase of the Sutro Reservoir and Pipeline project, which includes rehabilitation and miscellaneous improvements of the reservoir. The project is anticipated to be completed in September 2003."

[p. 3.1-9, fourth full paragraph, second sentence] ~~"No other major projects are proposed in the project vicinity. No other on-going or planned projects in the campus vicinity would overlap with the proposed project's construction schedule."~~

Please see Response 50 for a more detailed description of the combined construction effects of the YGC Juvenile Hall Reconstruction Project, the Mid-Town Terrace Reservoir, the pump station at Clarendon and Laguna Honda Boulevard, and the proposed project.

Changes in Land Use and Zoning

Comment 18

"The area proposed to be transferred from the Open Space to the 80-D height and bulk district as a result of the 'minor' adjustment of the boundary line between these two districts (per p.s 1.0-4 and 2.0-20) needs to be quantitatively defined.

Comparison of the location of the existing 80-D/OS boundary line (Existing Site Plan, p. 2.0-7) with that of the limit of Construction Boundary (Proposed Site Plan, p. 2.0-13) yields a rough estimate that this area would total about four (4) acres, or about 13% of the present OS area.

That area would be composed of about 2 acres of the proposed parking lots northwest of Clarendon Hall, about 1.5 acres at the east end of Clarendon Valley, and about 0.5 acre in the southeast panhandle, set aside for the private satellite dishes. This installation would not constitute a public necessity but would be located in a Public Use zoning district." *Gilbert De La Mora, et al.*

Response 18

Please refer to Response 1 for a discussion on the revised open space boundary. In addition, as discussed in Response 9, the satellite complex would be removed in the near future and thus is no longer proposed for installation in the southeastern portion of the campus.

Comment 19

"Also, the proposed amendments of the Zoning Map and the General Plan, by removing that acreage from the Open Space district, would appear to be in violation of Section 101-1 of the city Planning Code, specifically its Priority Policy mandating the preservation/protection of open space. But if such amendments, can take precedence over the Code, what are the safeguards against using them as precedents justifying future zoning revisions not just from Open Space to other districts, but from Public Use to no-public uses? This issue needs to be addressed explicitly." *Gilbert De La Mora, et al.*

Response 19

Please refer to **Response 1** regarding the revised open space boundary. An adjustment to the open space boundary which could result in a decrease in the amount of land designated as open space on the project site would not be in violation of Section 101.1 of the Planning Code.

The commentor is referring to **Section D3., Accountable Planning Initiative**, on p. 3.1-8 of the Draft EIR which lists eight Priority Policies under Section 101.1, Master Plan Consistency and Implementation, of the San Francisco Planning Code. Priority Policy 8 refers to the "preservation of open space." (The full policy in Section 101.1(b)(8) of the Planning Code cites: "That our parks and open space and their access to sunlight and vistas be protected from development.") As stated in Section 101.1(b) of the Planning Code, and the San Francisco *General Plan* (Introduction, page iv.), Priority Policies were established to be the basis upon which inconsistencies in the *General Plan* are resolved. Priority Policies are not intended as mandates or requirements of the *General Plan*. **Section G1., General Plan Consistency**, on p. 3.1-12 of the Draft EIR discusses how decision makers may identify potential conflicts between the project and the *General Plan*, and how decision makers must evaluate and balance the potentially conflicting goals of different *General Plan* policies. When considering amendments to the Planning Code, including changes to the Zoning Map, the Planning Commission and the Board of Supervisors will make a determination of the project's consistency with the *General Plan*, taking into account the eight Priority Policies. Section 101.1 of the Planning Code provides a safeguard from future zoning revisions based purely on the precedent of former decisions because the Priority Policies provide a consistent basis upon which potential inconsistencies in the *General Plan* can be weighted and evaluated.

Comment 20

"The property of Laguna Honda Hospital is truly a gem. It's a gem I very much appreciate. The green space there cannot be replaced. I am deeply concerned about the impact of the construction on the green space that is there." (Deborah Wald, Planning Commission public hearing comments, January 10, 2002)

Response 20

Please see Responses 1 above for a discussion of access to open space during construction and **Response 14** regarding the project objective to maintain existing and future open space.

Potential Conflicts with Plans and Policies

Comment 21

"p. 3.1-12: 'Potential Conflicts' G2. Institutional Master Plan. There is no mention of improvements to site access in the project description and how access relates to the master plan. The need for improved access relative to the master plan should be described and how the project will implement improvements, such as ADA access, and how these improvements affect the wall along Woodside Avenue should be included in the discussion." Eileen Fanelli

Response 21

Please see Response 1 above for a discussion of improved access. Please also see Response 5 regarding discussion of the retaining wall in the Draft EIR.

3.2 TRANSPORTATION, CIRCULATION, AND PARKING

Setting

Comment 22

"The Laguna Honda Boulevard-Seventh Avenue corridor, from its intersection with Woodside Avenue and Dewey Boulevard in the south, to its intersection with Lawton Avenue in the north, is the major south-to-north arterial link in central San Francisco running generally parallel to 19th Avenue in the west and Portola Drive-Market Street to the east.

Between the signalized ('Jug Handle') intersection in front of the MUNI station and the signalized intersection at Lawton Avenue, it is an eight-tenths (8/10) of a mile long, free-flowing (no signals, no stop signs) pipeline carrying high peak period traffic volumes at speeds substantially in excess of those on its contributing arterial network.

Clarendon Avenue is an arterial which serves not only as a link between southwest and north-central San Francisco, but is also the main access to the Laguna Honda corridor for most of the Midtown Terrace and Forest Knolls neighborhoods, for the Galewood and The Woods enclaves, and Clarendon School.

The arterial-to-arterial T-intersection of Clarendon Avenue with Laguna Honda Boulevard is not signalized. Controlled by stop signs, the westbound-to-southbound (WB-to-SB) traffic and the southbound-to-eastbound (SB-to-EB) traffic intersect with each other and with the higher speed

northbound-to-northbound (NB-to-NB) traffic on Laguna Honda Boulevard which they have to cross taking turns when gaps open up in that traffic flow.

That results in queuing in both crossing lanes during both PM and AM peak hours, ever longer delays and a major traffic hazard at the point of triple intersect.

The Traffic Engineering Division of the Department of Parking and Traffic needs to conduct a thorough analysis of detailed peak period and off-peak field surveys of this intersection with a view to improve its level of service and mitigate the traffic hazard by signalizing it.

Traffic conditions at this intersection are bound to worsen, due both to the projected yearly increase of cumulative volumes and to the projected hospital and construction traffic. As part of that analysis, a determination would need to be made as to the extent to which the envisioned mitigation is within the scope of the Laguna Honda Hospital Replacement Project or within that of the responsibilities of the Parking and Traffic Department. (See p. 4.0-1.)" **Gilbert De La Mora, et al.**

Response 22

The Department of Parking and Traffic (DPT) is aware of the existing traffic conditions related to the Clarendon Avenue and Laguna Honda Boulevard T-intersection. Since preparation of the Draft EIR, DPT has moved forward with plans to fund signalization of this intersection in Fiscal Year (FY) 2002-2003, using funding allocated from sales tax revenues. DPT indicates that the construction costs of traffic signals have been escalating rapidly in recent years and sales tax funding is quite limited, and that sufficient sales tax revenue may not be available for these intersection improvements. If sufficient sales tax funding is not available in FY 2002-03, signalization of the Clarendon Avenue and Laguna Honda Boulevard intersection could be delayed indefinitely. (Jerry Robbins, Department of Parking and Traffic, telephone conversation and written communication, March 1, 2002). Therefore, formal analysis of signalization of the Clarendon Avenue/Laguna Honda Boulevard intersection has not been included in the traffic analysis.

With signalization, existing traffic conditions would be improved at this intersection, as well as future traffic conditions during project construction and after project completion. The signalization of the Clarendon Avenue/Laguna Honda Boulevard intersection would control traffic flows and speeds on Laguna Honda Boulevard, as well as minimize delays from vehicles attempting to make right and left turns onto Laguna Honda Boulevard.

Overall, impeded traffic conditions at the Clarendon Avenue/Laguna Honda Boulevard intersection would continue to exist, even without the proposed project. As discussed in **Section D2(b) Existing Plus Project Conditions**, and Table 3.2-2 on p. 3.2-17 and p. 3.2-18 of the Draft EIR, the worst approach of the unsignalized Clarendon Avenue/Laguna Honda Boulevard intersection operates at Level of Service C

during the PM peak hour under existing conditions and would continue to do so with the proposed project. Under cumulative traffic conditions in the year 2015, this intersection would operate at Level of Service F during the PM peak hour, which would represent unacceptable traffic delays (see Table 3.2-3 on p. 3.2-26 of the Draft EIR). However, the project would contribute no more than four percent (15 vehicles) of overall future traffic growth at this intersection, and would not contribute any movements at the Clarendon Avenue approach.

Regional Access

Comment 23

"p. 3.2-2: 'C1. Regional Access' Monterey Blvd is mentioned as the north and southbound exits from I-280. There is no northbound exit labeled Monterey Blvd. This error needs to be corrected. If the text is referring to San Jose Ave. then the ability of construction traffic to negotiate the turns necessary to travel towards the project site must be addressed. In addition, the text mentions that trucks can turn left of Lincoln Way from 7th. This is not true. Alternative paths must therefore be identified and the impacts discussed." Eileen Fanelli

Response 23

The discussion in Section C1., Regional Access, on p. 3.2-2 Draft EIR states, "The I-280 on-ramps and off-ramps nearest to the project site are located at Monterey Boulevard." It does not state that Monterey Boulevard is the north and southbound exit from I-280.

Refer to Response 10 concerning truck haul routes and construction traffic.

Local Access

Comment 24

"p. 3.2-3: 'Laguna Honda Blvd....from Clarendon to Dewey Blvd has unmetered parking on BOTH sides.' There is no parking permitted on one side of LH Blvd. The Draft EIR needs to correct clarify this statement." Eileen Fanelli

Response 24

The commentor is correct regarding on-street parking conditions on Laguna Honda Boulevard. To clarify the location of parking on Laguna Honda Boulevard between Clarendon Avenue and Dewey Boulevard, the Draft EIR is hereby revised as follows:

[p. 3.2-3, third paragraph, fifth and sixth sentences] "Between Clarendon Avenue and Dewey Boulevard, on-street parking is not allowed in the immediate vicinity of the Forest Hill MUNI Station or on the east side of Laguna Honda Boulevard. On-street parking is not permitted directly adjacent to the project site, and the sidewalks are approximately 12 feet wide. Directly adjacent to the project site, on-street parking is not permitted on Laguna Honda Boulevard and the sidewalks are approximately 12 feet wide."

Comment 25

"p. 3.2-4: 'Woodside Avenue... has four-hour unmetered parking on both sides of the street.' This overstates the number of spaces as not all reaches of the street are available for parking. It also fails to incorporate YGC's plan for the use of these spaces during its construction project." Eileen Fanelli

Response 25

The commentor is correct regarding on-street parking conditions on Woodside Avenue. The description of parking on Woodside Avenue of the Draft EIR is hereby revised as follows:

[p. 3.2-4, first paragraph, last sentence] "In the vicinity of the project site, Woodside Avenue has six- to nine-foot-wide sidewalks, and four-hour unmetered parking on both sides of the street, except on the west side of the street between Hernandez and Balceta Avenues."

During construction of the Juvenile Hall Replacement Project, the Youth Guidance Center (YGC) has arranged with the Department of Parking and Traffic to secure on-street parking on Woodside Avenue between Portola Drive and Laguna Honda Boulevard for use by YGC staff. Please see **Response 50** for a more detailed description of the combined construction effects of the YGC Juvenile Hall Reconstruction Project, the Mid-Town Terrace Reservoir, the pump station at Clarendon and Laguna Honda Boulevard, and the proposed project.

Comment 26

"Finally access must be addressed for patients, volunteers, workers, and the neighborhood. The EIR states that the project will not increase pedestrian/bike traffic. I believe it's on p. 1-5. But the EIR has got it wrong here. A prime project objective was to increase pedestrian/bike patient and worker access between the hospital and the neighborhood. Not only the physical hospital plans, but also the quality of the lives affected by the hospital should be improved by this project." Eileen Fanelli, Planning Commission public hearing comments, January 10, 2002

Response 26

Section B.2 Transportation, Circulation and Parking on p. 1.0-5 of the Draft EIR provides a summary of the more detailed transportation impact section starting on p. 3.2-1 of the Draft EIR. The commentor is referring to a sentence in the third paragraph of that summary discussion which states: "The proposed project is anticipated to result in a minimal increase in pedestrian and bicycle traffic in the vicinity of the project." This statement summarizes the bicycle and pedestrian impact discussions on p. 3.2-22 which conclude that the project would result in a minimal increase in pedestrian and bicycle traffic and, therefore, would not result in significant environmental effects on existing pedestrian or bicycle conditions. Existing pedestrian volumes and bicycle activity are relatively light in the project vicinity, partly due to the limited pedestrian access and bicycle facilities at the existing hospital campus.

The objectives of the proposed project are listed on p. 2.0-2 and p. 2.0-3 of the Draft EIR, and do not include increased pedestrian and bike access. However, the proposed project would include several elements to encourage pedestrian and bicycle access within and to the hospital campus for residents, volunteers, workers, and neighborhood residents. The two existing pedestrian entrances to the hospital would be maintained as part of the proposed project. In addition, new pedestrian pathways would provide access between the new structures, and a new pedestrian sidewalk would be added along the former Woodside Avenue driveway. The proposed project would also provide 51 bicycle parking spaces, and would be equipped with eight showers and 16 clothes lockers. The hospital has prepared a draft Transportation System Management Program (TSMP), which states that a secure, enclosed bicycle parking facility would be provided as part of the proposed project. Please see Response 44 for a complete description of the Laguna Honda hospital TSMP.

Several of the project objectives listed on p. 2.0-2 and p. 2.0-3 of the Draft EIR would improve the quality of lives affected by the hospital by improving and expanding patient care facilities, and complying with building code requirements related to fire and life safety, disabled accessibility, and seismic safety.

Existing Intersection Operating Conditions

Comment 27

"p. 3.2-5: 'Table 3.2-1' Note #5 briefly describes Woodside entrance improvements. These improvements need to be described in the Draft EIR in detail and the impacts (or improvements) to traffic flow to and from the institutions and within the neighboring residential streets discussed." Eileen Fanelli

Response 27

Note 5 in Table 3.2-1 on p. 3.2-5 of the Draft EIR is intended to provide a brief explanation of changes to the existing unsignalized Woodside Hospital access driveway. A detailed description of Woodside Avenue improvements is provided in Section C8. Planned Improvements to Transportation Facilities starting on p. 3.2-13 of the Draft EIR. Please see Responses 34 and 35 for a discussion of the Woodside Avenue improvements and impacts on neighboring residential streets.

Transit Network

Comment 28

"We are concerned that the hospital's future plans do not adequately encourage the use of our public transportation. 1) We ask that the public transportation service to the site be included in a figure in the EIR." Pinky Kushner

Response 28

Laguna Honda hospital recently developed a Transportation System Management Program (TSMP) (February 4, 2002) to encourage the use of transit and alternative modes of transportation during project construction and after project completion. Please see Response 44 for further discussion of the hospital's TSMP and its recommendations to encourage transit use by hospital staff and visitors.

Figure 3.2-2, Existing MUNI Transit Network in Project Vicinity, on p. 3.2-9 of the Draft EIR shows MUNI transit service to the project site, including the locations of the West Portal and Forest Hill MUNI Stations.

Comment 29

"As you may know, Muni operates a shuttle service Line 89-Laguna Honda that runs around the hospital grounds and offers service to Forest Hill Station and Laguna Honda Blvd.

Muni staff would need to meet with project sponsors to discuss interim changes and whether or not permanent changes to the route are needed." James Lowé

Response 29

Please see Response 32 below regarding potential interim and permanent changes to the Line 89 Laguna Honda route, as well as meetings between MUNI staff and the project sponsor to discuss the re-routing of the Line 89.

Comment 30

"Route 89 should be discussed in Section 4.1.2. In addition, it is incorrectly shown in Figure 2.2, which implies that operation is not affected by changes to the Laguna Honda facilities." James Lowé

Response 30

The commentor is referring to a section and figure in the *Laguna Honda Hospital Transportation Study*. Route 89 is discussed in Section C3. Transit Network on p. 3.2-8 of the Draft EIR and is also shown on Figure 3.2-2 on p. 3.2-9 of the Draft EIR. Figure 3.2-8 of the Draft EIR (and Figure 2-2 of the *Laguna Honda Hospital Transportation Study*) both correctly show the local MUNI transit network that serves the Laguna Honda campus, including the Line 89 route. These figures were not intended to show the existing, detailed internal routing of the Line 89 within the hospital grounds; as the commentor states, that routing could be affected by the proposed project. Please see Response 32 below regarding potential interim and permanent changes to the Line 89 Laguna Honda route, as well as meetings between MUNI staff and the project sponsor to discuss the re-routing of the Line 89.

Comment 31

"The San Francisco Municipal Railway Service Planning staff have no further comments in response to your request for review of the Draft environmental Impact Report for the Laguna Honda Hospital Replacement Project. However, our previous comments remain applicable." James Lowé

Response 31

Responses to previous comments by MUNI staff are provided in Responses 1, 29, 30, and 32.

Comment 32

"I should note that any change to our construction impacts on Line 89-Laguna Honda should be coordinated through our Street Operations/Special Events office at 554-9286." James Lowé

Response 32

As the commentor states, the Line 89-Laguna Honda route could be affected during project construction, and after project completion. Re-routing during construction would only occur within the hospital campus. No re-routing of the Line 89 would occur off-site. Permanent changes to the Line 89 route could also be required due to the reconfiguration of buildings and parking lots and proposed new uses on the hospital campus. To further clarify the potential changes to the Line 89-Laguna Honda route, the Draft EIR is hereby revised as follows:

[p. 3.2-19, first paragraph (continued from the previous page), last sentence] "The project sponsor has met with MUNI to review the proposed site plan and develop future re-routing of the Line 89 within the hospital campus after project completion."

To further clarify the potential impacts on the 89-Laguna Honda route during project construction, the Draft EIR is hereby revised as follows:

[p. 3.2-24, second full paragraph, second through sixth sentences] "The 89 line, which operates within the hospital grounds, could require interim re-routing within the hospital campus during project construction. The project sponsor has met with MUNI staff to discuss and develop plans for the temporary re-routing of the Line 89 during project construction. It is not anticipated that any additional off-site MUNI bus lines or stop(s) would need to be relocated during construction of the proposed project. However, if it is determined that additional temporary off-site MUNI bus lines or stop r elocations would be needed, they would be coordinated with MUNI's Street Operations/Special Events office division. During the construction period, there would be a flow of construction-related trucks into and out of the site."

On-Street Parking

Comment 33

"p. 3.2-11: 'C4(b) On Street Parking' cites Pacheco Street from Castaneda to Alton Avenues as a source of on-street parking. This is an unrealistic alternative due to topography. The assumptions in the Draft EIR need to be explained. In addition the parking analysis excludes Idora and Ulloa Avenues even though a new signal and cross walk are planned at the intersection of Idora and Ulloa. These improvements would facilitate access to the project site and encourage day parking on Idora and Ulloa as well as portions of Portola. The analysis needs to be revised to include these streets." Eileen Fanelli

"The parking analysis must be expanded to include Ulloa, Idora, and parts of Portola, as these will be the closest streets to the new entrance and light for access to the hospital." Eileen Fanelli, Planning Commission public hearing comments, January 10, 2002

"Another element: The parking study area is flawed. It includes Pacheco Street, all the way up to the 9th and Pacheco entrance to Forest Hill as a possible site for parking overflow. Anyone familiar with the topography of Forest Hill knows that no one is going to park on Pacheco and walk down to Laguna Honda. Ironically the parking study area does not include Idora or Ulloa Streets, which are directly across from the Youth Guidance Center and Laguna Honda Hospital. So I think that needs to be rethought." Steve Suacci, Planning Commission public hearing comments, January 10, 2002

Response 33

The discussion of on-street parking in the first paragraph on p. 3.2-11 of the Draft EIR, Section C4(b) On-Street Parking, describes existing parking occupancy on Pacheco Street from Castaneda to Alto Avenues, and does not discuss Pacheco Street as a source of future available parking. Despite topography, parking occupancy on Pacheco Street between Castaneda and Alto Avenues was observed at 80 percent occupancy; however, residential parking permits are not in effect on this street.

The parking study area boundaries encompass residential streets within approximately a ten-minute walk of the main entrance of the hospital building; this limit did not include Ulloa and Idora Avenues. On March 5, 2002, a field survey of on-street occupancy was conducted on Idora and Ulloa Avenue between Woodside Avenue and Laguna Honda Boulevard between 10:00 AM and 12:00 PM (the same period for which the on-street parking survey was conducted for the Draft EIR). On-street parking occupancy on Idora Avenue was approximately 40 percent, and on Ulloa Avenue approximately 80 percent. Due to its proximity to the YGC campus, it appears that Ulloa Avenue could be used more heavily by YGC staff for on-street parking. During the field survey, at least two people were observed coming from YGC to cars parked on Ulloa Avenue. Both Ulloa and Idora Avenues have residential

permit restrictions that limit non-resident parking to four hours between the hours of 7:30 AM and 3:30 PM.

A new signal and crosswalk are planned for the intersection of Idora and Woodside Avenues as part of a separate project involving improvements to the Woodside Avenue hospital and YGC access driveways (see Responses 34 and 35 for a description of these improvements). Idora and Ulloa Avenues are parallel streets and do not intersect. The Department of Parking and Traffic indicates that no signal and crosswalk improvements are proposed for the intersection of Ulloa and Woodside Avenues. As the commentor states, these improvements could encourage parking on Ulloa and Idora Avenues. However, non-resident parking on these streets is limited to four hours. Furthermore, even though pedestrian access would be improved at the Woodside entrance to the hospital campus, the hospital building, which employs the majority of workers on-site, would be farther from the Woodside Avenue entrance than under existing conditions. Therefore, the proposed improvements to this entrance would not necessarily encourage increased parking on Ulloa and Idora Avenues. Due to the distance of Portola Drive from the hospital campus, it is unlikely that the Woodside Avenue improvements would encourage hospital parking on this street. Residents of the streets located south of Woodside Avenue could petition to the Department of Parking and Traffic to change the non-resident parking limit from four to two hours, to further discourage the use of these streets by non-residents.

Planned Improvements to Transportation Facilities

Comment 34

"p. 3.2-13: 'C8. Planned Improvements..' describes the Woodside Avenue entry/exit. The description of existing conditions is inaccurate. It states drivers exiting are limited to right hand turns. They are currently not allowed to exit this location. The text states that this new entrance would become a 'major ingress and egress roadway for the hospital'. The impacts of this new exit/entrance on traffic within the neighboring residential streets are not discussed." Eileen Fanelli

"The traffic impacts to the neighborhood are not addressed in the report. Specifically, the projected impact of traffic flow patterns due to the new traffic signal." Eileen Fanelli

Response 34

The commentor is referring to a statement on p. 3.2-14 of the Draft EIR that refers to vehicles exiting the Youth Guidance Center (YGC) driveway on Woodside Avenue. That sentence does not refer to Laguna Honda hospital, as the hospital's Woodside driveway is entry-only under existing conditions. Nonetheless, the EIR text is not accurate, as vehicles exiting the existing YGC driveway are allowed to

make both right- and left-hand turns. To clarify the existing configuration and proposed improvements to Woodside Avenue driveway, **Section C8., Planned Improvements to Transportation Facilities**, the Draft EIR is hereby revised as follows:

[p. 3.2-13, last paragraph, continued on p. 3.2-14] "The Juvenile Probation Department and Department of Public Health plan to widen the Youth Guidance Center (YGC) access road to provide a joint-use, two-way access road, ~~located immediately east of and adjacent to the Laguna Honda hospital Woodside Avenue entry-only driveway, with Laguna Honda hospital.~~ This is a separate project that is unrelated to the Laguna Honda Hospital Replacement project. Under existing conditions, a fence separates an entry-only Woodside driveway to the Laguna Honda hospital campus from the YGC Woodside driveway, which is exit-only. The planned joint-use, two-way access road will be located immediately adjacent to the existing Laguna Honda hospital entry-only driveway. These improvements will be coordinated with the YGC Juvenile Hall Reconstruction Project. (Refer to Section 3.1, Land Use and Planning, Subsection E., Planned and Approved Land Uses for a description of the YGC Juvenile Hall Reconstruction Project.)⁹ From Woodside Avenue, one entry lane and two exit lanes will be provided, thereby reducing the afternoon peak back-up at Laguna Honda Boulevard, particularly during shift changes. A new traffic signal will be installed at the Woodside Avenue intersection, and ~~will be tied to the existing signal at Woodside Avenue and Hernandez Street, allowing left and right turns when exiting both facilities.~~ The signal will be timed with the existing signal at Woodside Avenue and Hernandez Street, so that traffic flows on Woodside Avenue are not impeded by additional stops. The signal intersection of Idora Street with the Laguna Honda/YGC driveway will be deliberately offset. Left and right turns could be made from each facility, but a new concrete median will be installed to prohibit direct traffic across the intersection.

When these improvements are completed, the Woodside Avenue entrance will provide a major ingress and egress roadway for the hospital. ~~These improvements are expected to commence in Spring 2002 and be completed by Fall 2002. These improvements are expected to be completed by Fall 2002, and are unrelated to the projects planned for Laguna Honda hospital and the Juvenile Hall facility on the YGC campus. (Refer to~~

⁹ ~~Improving Woodside Avenue access has been a Laguna Honda hospital objective long before the replacement project was formulated. Surveys show that at least 30 percent of existing staff leaving the existing main parking lot want to go east on Woodside Avenue. If they could use a two-way signalized driveway to Woodside Avenue it would reduce afternoon congestion at the only existing exit to Laguna Honda Boulevard. Since the YGC was planning to widen their driveway as part of the Juvenile Hall Reconstruction Project, Laguna Honda hospital decided to make it a joint project with the YGC.~~

Section 3.1, Land Use and Planning, Subsection E., Planned and Approved Land Uses for a description of the YGC Juvenile Hall Reconstruction Project.)⁹ Upon completion of the Woodside entry improvements, ~~Exiting exiting workers from both the YGC and Laguna Honda hospital facilities~~ would ~~now~~ then be able to make left-turn and right-turn movements. ~~Currently, vehicles exiting the Woodside driveway are restricted to right turns only.~~ The Woodside Drive Avenue improvements and signalization would also help alleviate on-site congestion and delays on Laguna Honda Boulevard during the shift change time periods, particularly the peak afternoon shift change."

The improved Woodside Avenue roadway will become a major ingress and egress roadway because it will provide a major signal controlled ingress/egress that will provide an alternate egress for hospital staff who currently exit from the main hospital entrance at Laguna Honda Boulevard/Dewey Boulevard/Woodside Avenue. During the PM peak period and afternoon shift change, the improvement will relieve on-site back-ups as well as traffic congestion on Laguna Honda Boulevard at the Laguna Honda Boulevard/Dewey Boulevard/Woodside Avenue main entry. At least 30 percent of existing staff want to go east on Woodside Avenue after leaving the existing main parking lot exit on Laguna Honda Boulevard. With the Woodside Avenue improvements, fewer vehicles would travel eastbound on Laguna Honda Boulevard east of Dewey Boulevard, thereby decreasing traffic congestion and delays for vehicles making right and left turns from and onto residential streets south of Dewey Boulevard. The Woodside Avenue improvements will not increase traffic on residential streets, as vehicles using this exit will be discouraged from using residential streets for outbound destinations (because eastbound vehicles would be prohibited from crossing Woodside to access Ulloa Avenue), and westbound vehicles are more likely to continue on Woodside Avenue to Laguna Honda Boulevard.

Section D2(b) Existing Plus Project Conditions beginning on p. 3.2-17 of the Draft EIR evaluates traffic conditions in the hospital vicinity assuming the signalization, widening, and two-way reconfiguration of the Woodside Avenue driveway are in place, since these improvements are scheduled to be completed by Summer 2003. Traffic conditions (as measured by changes in the average delay per vehicle) would slightly improve as a result of vehicles able to use the Woodside Avenue improvements.

⁹ Improving Woodside Avenue access has been a Laguna Honda hospital objective long before the replacement project was formulated. Surveys show that at least 30 percent of existing staff leaving the existing main parking lot want to go east on Woodside Avenue. If they could use a two-way signalized driveway to Woodside Avenue it would reduce afternoon congestion at the only existing exit to Laguna Honda Boulevard. Since the YGC was planning to widen their driveway as part of the Juvenile Hall Reconstruction Project, Laguna Honda hospital decided to make it a joint project with the YGC.

Comment 35

"My concerns are how the Draft EIR does not effectively deal with traffic issues. Specifically the proposed traffic signal at a driveway which will serve both Laguna Honda and the Youth Guidance Center at the intersection of Idora and Woodside. The EIR does not describe the proposed signal, traffic lanes, street medians, and the impact on the neighborhood. It does not explain how the new light will alleviate severe traffic backups during peak periods at Laguna Honda Hospital. It does not explain how the signal will prevent backups onto Woodside nor on adjacent residential streets. Traffic headed east on Woodside toward Portola already backs up. The proposed signals at Idora and the one on Hernandez will increase the backups and force still more cars to turn onto Balceta and Hernandez to gain access to Laguna Honda Boulevard and streets to the south. These streets are narrow and have many children living on them. There is no description in the Draft EIR of significant or meaningful deterrents to the use of these streets to gain access to Laguna Honda. There is also no clear explanation of how the new driveway and signal at Idora and Woodside will prevent cars that are exiting the driveway from crossing Woodside and using Idora to also cross over to Laguna Honda Boulevard. Our concern is that the EIR must address these major traffic issues before the construction of the new signal and driveway on Woodside at Idora." Cornelia Sapiro, Planning Commission public hearing comments, January 10, 2002

Response 35

Planned Woodside Avenue driveway improvements, including signalization, traffic lanes, and street medians, are described above in Response 34. The Woodside Avenue improvements are unrelated to the proposed project. Response 34 also discusses the effects of these improvements on traffic in the nearby neighborhood. The signalization of Woodside Avenue will help prevent backups on Woodside Avenue by allowing eastbound vehicles from both the YGC and Laguna Honda campuses to make left turns with a controlled signal cycle, instead of negotiating left turns across Woodside Avenue when gaps open up in the traffic flow. Such existing movements cause delays in east- and westbound traffic on Woodside Avenue. The planned signal at the Woodside driveway will be synchronized and timed with the existing signal at Hernandez Avenue so that traffic flows on Woodside will not be impeded by additional stops and cause back-ups. Cars will be prevented from exiting the driveway and crossing Woodside and using Idora to cross over to Laguna Honda Boulevard by a new concrete median that would be installed to prohibit direct traffic across the intersection. The intersection of Idora Street with the Laguna Honda/YGC driveway has been designed to be deliberately offset to prohibit such through movements to Idora Avenue.

Improving Woodside Avenue access has been an objective of Laguna Honda hospital long before the replacement project was formulated. Surveys show that at least 30 percent of existing staff leaving the existing main parking lot head east on Woodside Avenue. The two-way signalized driveway to Woodside Avenue will reduce afternoon congestion at the only existing exit to Laguna Honda Boulevard,

which also affects traffic flows at the Dewey Boulevard intersection and the jug-handle turn-around opposite the Forest Hill MUNI Station. When YGC planned to widen its driveway as part of the Juvenile Hall Reconstruction Project, the hospital decided to make it a joint project with the YGC, which would improve traffic conditions at both facilities and in the vicinity.

Project Travel Demand Analysis

Comment 36

"Implicit in the trip distribution percentages enumerated on p. 3.2-17, 18.6% of the work trips and 28.5% of the visitors' trips generated by the project would be to/from the north. They would therefore contribute to the cumulative omnidirectional traffic demand at the Clarendon/Laguna Honda intersection which per Section D2(c), p. 3.2-26 would operate poorly.

During the peak hours, when the northbound signal at the MUNI ('Jug Handle') intersection is on green, there are no safe gaps in that traffic flow, and queues form and lengthen at the two stop sign-controlled crossing lanes at the Clarendon/Laguna Honda intersection. Towards the end of the AM peak period, that congestion is aggravated by traffic due to parents returning from taking their children to Clarendon School.

The unsafest condition develops after the northbound 'Jug Handle' signal turns to amber. There will be a few stragglers, one or two buses from the 'Jug Handle' bypass, and a few cars coming out from Plaza Street. Gaps of various lengths develop, but they will be too few since the red cycle is shorter than the green. Traffic from the queued-up lanes will take their turns, or be hesitant or aggressive about it, sometimes coming to a stop close the fast through lane. Only half of the queue may get across before the next green platoon arrives, and the queues will lengthen. During school days and under high employment conditions, delays (in the westbound-to-southbound movement) of two minutes or more are not unusual.

The consultant's traffic study appears to have been made prior to January 2001 when construction of the pump plant and the water mains caused realignments, repaving and unusual traffic conditions on Laguna Honda Boulevard. Field surveys of the Clarendon/Laguna Honda intersection, if conducted during that construction period, may well have produced atypical results." *Gilbert De La Mora, et al.*

Response 36

As discussed in Response 22, the DPT is aware of the traffic and safety conditions related to the stop-controlled intersection of Clarendon Avenue and Laguna Honda Boulevard. DPT currently has plans to signalize this intersection, beginning in Fiscal Year 2002-2003.

The commentor is referring to the Clarendon Pump Station and Related Pipelines project, which involved the installation of a 36-inch diameter pipeline on Laguna Honda Boulevard between Clarendon Avenue and Dewey Boulevard. This project was constructed and completed between June 2000 and August 2001.⁴ The Transportation, Circulation and Parking chapter of the Draft EIR is based on the Laguna Honda Hospital Transportation Study (Final Report, February 2001). Intersection counts, parking surveys and field observations were conducted for the Background Transportation Study in April and May of 2000, prior to construction of the Clarendon Pump Station project. Therefore, the study surveys and findings and Draft EIR analyses were not affected by temporary traffic conditions related to the Clarendon Pump Station project.

Traffic Impacts

Comment 37

"And my concerns today are twofold, and they are more omissions than a problem with the environmental report per se. The first has to do with traffic. The areas of the report that deal with traffic tend to focus on parking, which is important to all of us in the triangle community between Woodside and Laguna Honda and the greater Forest Hill extension area. But there is also a question of traffic changes, traffic pattern changes, that are going to be caused by the projected light and the increased traffic. The report talks about traffic not being materially changed because the parking spaces and the number of people and so forth. It omits the number of construction workers and the truck traffic that's moving back and forth. The point I would like to make about the traffic changes is that this whole area has very small streets. It's family oriented. There are children and schools in the area. And the way it happens now, for example on Dewey Drive, when traffic begins to back up because of a light change or the volume of traffic, the cars move onto Merced and move through there at a very high rate of speed. We are afraid that lights changing in the Woodside area are also going to cause that same type of traffic to divert through the area. And that really hasn't been addressed in the environmental impact report." Gene Burbank, Planning Commission public hearing comments, January 10, 2002

⁴ Adams, Marcy, Public Involvement Coordinator, PUC City Distribution Division, telephone conversations, March 1 and 6, 2002.

Response 37

As the commentor states, traffic could be diverted onto residential streets if there are substantial back-ups on Woodside Avenue or Laguna Honda Boulevard. The separately planned signalization, widening, and two-way configuration of the Woodside Avenue entrance at Idora Avenue will slightly improve back-up conditions at the Dewey Boulevard/Laguna Honda Boulevard intersection, as fewer cars will exit the hospital from the main driveway at that location. The signalization of the Woodside Avenue driveway intersection will help prevent backups on Woodside Avenue by allowing eastbound vehicles from both the YGC and Laguna Honda campuses to make left turns with a controlled signal cycle, instead of having to make left turns across Woodside when gaps open up in the traffic flow as currently exists. Such movements cause delays in east- and west-bound traffic on Woodside Avenue. Should back-ups occur at the signalized Woodside Avenue intersection, they would occur on-site due to vehicles queuing to wait for left-turn signal changes.

Please see **Response 48** concerning the number of construction workers and truck traffic associated with the proposed project.

Comment 38

"p. 1.0-5: B2 Transportation, Circulation, and Parking: The Draft EIR states that the project will result in a worsening of operation conditions at specific intersections. What are the subsequent impacts to air quality? How was the increased traffic percentage of 3% to 4% determined at these intersections and what is the basis for asserting that this level of increase is not a significant impact?" **Eileen Fanelli**

Response 38

Pages 3.2-26 and 3.2-27 of the Draft EIR discuss the project's impacts under 2015 cumulative operating conditions. For purposes of environmental review, the Planning Department conducts a project-specific, detailed analysis to determine if a project's contribution to future traffic growth could potentially have a significant impact on intersection operations under cumulative conditions. This analysis also takes into account a project's contribution to vehicle movements, which would worsen intersection operations under future cumulative traffic conditions. Based on this analysis, the Planning Department determined that all but two intersections would operate at LOS C or better, and at these two intersections the proposed project would not make a significant contribution to cumulative impacts.

At the Clarendon Avenue/Laguna Honda Boulevard intersection, operating conditions would worsen from LOS C to LOS F, as a result of making left turns from Clarendon Avenue onto Laguna Honda Boulevard. The project would contribute four percent of the traffic volumes that would worsen

operations at the Clarendon Avenue/Laguna Honda Boulevard intersection. The percentage figure is based on the number of vehicles that the project would contribute to the total number of vehicle turning movements that cause a decrease from LOS C to LOS F at this intersection. While the proposed project's traffic contribution would contribute 4 percent of the cumulative PM peak hour volumes at this intersection, it would not contribute any new vehicles during the PM peak hour at the Clarendon Avenue approach. Therefore, it was determined that the project's contribution to cumulative traffic impacts at this intersection would be less than significant.

Under cumulative operating conditions, the signalized Woodside/O'Shaughnessy/Portola intersection would worsen from LOS D to LOS E. However, the proposed project would contribute 29 vehicles during the PM peak hour, which is less than 4 percent of cumulative PM peak hour volumes at this intersection. As discussed in the preceding paragraph, this percentage represents the number of vehicles that the project would contribute to the total number of vehicle turning movements that worsen operating conditions at this intersection. More importantly, the proposed project would make the greatest contributions to left-turn and through movements from Woodside Avenue and westbound right turns from Portola Drive, both of which would continue to operate satisfactorily for future cumulative conditions. The proposed project would contribute no more than two vehicles to any of the specific movements that would operate poorly and cause this intersection to operate at LOS E under cumulative conditions. Therefore, the project would not make a significant contribution to cumulative traffic impacts at this intersection.

Air quality impacts associated with an increase in vehicular traffic from the proposed project were assessed in the Initial Study, Appendix 1.0 of the Draft EIR. As stated in the Initial Study, the Bay Area Air Quality Management District (BAAQMD) recommends that carbon monoxide (CO) modeling be conducted for projects that would affect intersections operating at level of service (LOS) D, E, or F, or would cause a decline to LOS D, E, or F. As stated above, under cumulative operating conditions, the signalized Woodside/O'Shaughnessy/Portola intersection would worsen from LOS D to LOS E. Under cumulative operating conditions, the westbound approach at the unsignalized intersection of Clarendon Avenue/Laguna Honda Boulevard would worsen from LOS C to LOS F. Modeling was performed for the Woodside/O'Shaughnessy/Portola intersection, and it was determined that the traffic generated at this intersection would not result in exceedances of the State 1-hour or 8-hour CO standards. While no modeling was performed for the Clarendon Avenue/Laguna Honda Boulevard intersection, the traffic volumes at the intersection would be substantially less than traffic volumes at the Woodside/O'Shaughnessy/Portola intersection. As with traffic at the Woodside/O'Shaughnessy/Portola intersection, traffic generated at the intersection of Clarendon Avenue/Laguna Honda Boulevard would not exceed the State 1-hour or 8-hour CO standards. Therefore, impacts related to CO emissions would be less than significant.

Comment 39

"But we believe that the failure to include these issues of access and the trafficking in our neighborhood in this draft EIR is not only a betrayal of the promises we received from the City at this meeting, but also a flaw in the report which should be corrected simply on the basis of the norms of responsible planning."

Roger Ridgway, Planning Commission public hearing comments, January 10, 2002

Response 39

Transportation, circulation, and parking impacts of the proposed project are discussed in Chapter 3.2 of the Draft EIR. The impact analysis begins on p. 3.2-14 of the Draft EIR. In addition, Responses 22 through 50 augment the transportation impact analysis presented in the Draft EIR.

Parking Impacts**Comment 40**

"p. 3.2-1/2/3/4: 'Transportation, Circulation, and Parking. Summary' The project would result in an unmet parking demand..., which could be partially accommodated on-site and on adjacent major arterials.' The Draft EIR needs to specifically identify which streets it is identifying as parking. If it is Woodside, the Draft EIR must address the fact that the YGC has already taken these places for its 3 to 4 year construction project." **Eileen Fanelli**

"p. 3.2-19: 'Parking Impacts' refers to 'increased parking on arterials'. Where is this parking available (i.e. where is parking under utilized)? How does the residential permit program protect the neighborhood from parking impacts? What is the specific criteria used to determine that there will be no significant impact to neighbors considering both the duration of the construction project and the magnitude of the unmet parking need? Why if the Draft EIR reaches the conclusion of no impact does it earlier reference the need for remote parking? Why specifically, is the project unable to accommodate all project and operational parking on site through use of permanent and temporary parking areas?" **Eileen Fanelli**

"And the elements that I'd like to address today particularly involve the transportation, circulation, and parking elements of the EIR and the impact of the construction project on neighborhood parking. Specifically the EIR states that unmet parking demand can be met partially on site and also in part on neighborhood arterials. Specifically Woodside Avenue, Laguna Honda Boulevard, and Clarendon Avenue. Woodside Avenue right now has parking on portions of it, some of which is now going to be reserved by the Youth Guidance for their construction or once that project starts. So that arterial will become essentially useless. Other parts of it do not have any parking on it, specifically because they are

traffic lanes. So it's really a misnomer to say there's available parking on the nearby arterial of Woodside. On Laguna Honda Boulevard there is some parking down by the Forest Hill Christian Church, although parking on the north side of the street has been taken away. The City, after they completed the pump station for the reservoir, they put in a bicycle lane. So that is also gone. On Clarendon Avenue there is space for overflow parking, but it is rather limited when you look at the number of spaces that may be needed by workers as well as staff who currently use some of the Woodside Avenue parking. That's going to be taken away. It's by YGC." Steve Suacci, Planning Commission public hearing comments, January 10, 2002

Response 40

The total proposed parking supply of 655 spaces represents a net increase of 52 spaces over the existing 603 parking spaces. As discussed in the second paragraph in the Parking Impacts section beginning on page 3.2-19 of the Draft EIR, the proposed project would generate a net new parking demand of 76 spaces, resulting in a parking shortfall of 58 spaces, which constitutes less than 10 percent of the spaces that would be provided on site. The unmet demand includes the parking demand of the assisted living facility (21 spaces) which would be built sometime after 2010. A shortfall of this size is quite likely overstated when considering the following conservative factors that were used to develop the parking demand and the parking shortfall estimate for the Draft EIR.

1. As discussed in Appendix 3.2, **Trip Generation – Main Hospital**, of the Draft EIR, parking demand for the proposed hospital was derived from the number of vehicle trips associated with the percentage increase in the number of proposed hospital beds (1,200 beds) relative to the existing number of hospital beds (1,065 beds). (Parking demand for the assisted living facility was estimated separately based on an analysis of a similar facility.) The parking demand for the hospital is based on the trip generation of the hospital. Trip generation was determined by pro-rating the number of existing trips associated with the existing Main Hospital. This methodology was approved in consultation with the Planning Department when the background Transportation Study was conducted for the project. The existing trips were based on actual number of trips counted entering and existing the project site during the PM peak hour. The rate of increase assumed that the overall bed count incorporated related visitor, employee and service trips. The trip generation analysis did not use employees as the basis of trip generation; therefore, it is not possible to correlate parking demand directly to the number of employees.

The proposed project would result in about a 12.7 percent increase in the number of beds, as compared to a 4.4 percent net increase (66 employees) in the total number of employees, including the assisted living facility (see discussion in the third full paragraph on p. 2.0-12 in Section 2.0, **Project Description**, of the Draft EIR). Therefore, the trip generation and parking demand analyses assumed

a much higher percentage increase in trips for the project than the estimated net increase in employment. As a result, the Draft EIR overstates parking demand of the hospital employees.

2. As stated in the third paragraph of the Parking Impacts discussion on page 3.2-19 of the Draft EIR, the estimated shortfall does not account for parking spaces that would be made available by the existing 47 laundry workers who would be relocated to an off-site facility. These workers currently use approximately 30 of the existing parking spaces onsite. (Although the number of parking spaces utilized by laundry workers cannot be precisely separated from the parking used by other existing hospital workers, a rough estimate was made based on the trip generation methodology used to estimate parking demand for the new assisted living workers on site.)
3. Additional parking could be made available by re-designating non-employee parking, which is underutilized, to general employee parking. Currently, approximately 78 spaces are designated for non-employee use. These spaces are only 55 percent occupied, resulting in about 43 available spaces. As part of its Transportation System Management Plan (TSMP), Laguna Honda Hospital will evaluate the number of parking spaces provided for employees and non-employees (e.g., visitor) to ensure that on-site parking spaces are used efficiently.⁵ Refer also to **Response 44**, which describes the hospital's TSMP.

Laguna Honda hospital employees who are unable to park on-site or who choose to park off-site would continue to seek parking on adjacent arterials such as Laguna Honda Boulevard, Woodside Avenue, and Clarendon Avenue. As the commentors state, the number of available parking on these streets is limited, and would be further reduced in the future by other projects.

The residential permit parking program protects neighborhoods from parking impacts by limiting the duration of parking by non-residents during specified time periods. Over 50 percent of the residents in the affected area must petition the Department of Parking and Traffic (DPT) in order for DPT to implement a permit program. Residential streets in the vicinity of Laguna Honda hospital have designated "T" permits, which restrict parking to four hours during the hours of 8:00 AM to 3:00 PM, except for residents' vehicles displaying "T" parking permits. Vehicles parked for more than four hours on these streets are subject to ticketing.

The discussion of parking impacts on p. 3.2-19 of the Draft EIR describes parking impacts of the proposed project, after construction. The use of Woodside Avenue for temporary parking by YGC employees during construction of the Juvenile Hall Replacement project would no longer be in effect when the proposed project is completed in 2010. Please see **Response 49**, which addresses the use of remote

⁵ Lane, Michael, Program Manager, Laguna Honda Hospital, telephone conversation, March 24, 2002.

parking facilities during construction. Please also see Response 50 concerning use of Woodside Avenue for YGC construction parking.

Comment 41

"We ask that the EIR analyze the parking needs of the Hospital more thoroughly, giving not only the total employment and total parking spaces on the site, but also the number of employees during each shift and the number of unused parking spaces during a typical week." **Pinky Kushner**

"The study gives the total employment on site but it should list the number of employees on site during each shift along with information on the hospital's staggered arrival policy which can determine the use of transit and parking." **Howard Strassner**

Response 41

While total employment at Laguna Honda hospital varies, the hospital operates with the equivalent of about 1,500 full-time equivalent (FTE) employees, which includes part-time employees. Because the largest number of employees work during the daytime shift (from approximately 7:30 AM to 4:00 PM), this period was used to estimate peak parking and transit demand of the proposed project. The hospital shift hours are staggered to minimize the overlap between departing and arriving employees, and provide for a more orderly departure and arrival of employees at on-site parking lots, and the hospital's main entrance.

Footnote 2 on page 3.2-7 of the Draft EIR provides the approximate number of employees per shift and the shift change times. The employee numbers reported in Footnote 2 are FTE employees, and do not reflect the total number of part- and full-time workers during each shift. To clarify the estimated number of workers by shift, the Draft EIR is hereby revised as follows:

[p. 3.2-7, third paragraph] "However, the peak hour of activity for vehicles exiting the project site occurs from approximately 4:00 to 5:00 PM, due primarily to the 4:00 PM employee shift change of about 1,000 hospital workers.²"

[p. 3.2-7, footnote 2] “² Employee shifts and the number of workers during each shift changes are scheduled to occur at 8:00 AM, 4:00 PM, and midnight. are as follows:

<u>Approximate Number</u>	
<u>Shift and Time</u>	<u>of Workers</u>
<u>Day: 7:30 AM to 4:00 PM</u>	<u>1,382</u>
<u>Evening: 3:30 PM to 12:00 AM</u>	<u>193</u>
<u>Night: 11:45 PM to 7:45 AM</u>	<u>156</u>

The number of vehicles exiting the hospital is greatest during the 4:00 PM shift change, which involves the departure of approximately 1,380 day shift workers and the arrival of about 195 evening shift workers. The ~~8:00~~ 7:30 AM day shift has the highest number of hospital workers of all three work shifts. Any impact on the local street network would be greatest when the day shift workers depart at during the 4:00 PM shift change. Also, the highest parking and transit use demand would occur at the arrival and departure times of the day shift. The ~~8:00 AM shift change~~ (departing ~~midnight evening~~ shift employees) and ~~12:00 AM shift change~~ (departing ~~PM~~ night shift employees) involve approximately ~~200~~ 195 and ~~275~~ 155 employees, respectively.”

Section C4(a) Off-Street Parking on pages 3.2-10 and 3.2-11 of the Draft EIR contains a discussion of on-street parking supply and occupancy, which is based on more detailed parking inventory and parking data that were provided in the *Laguna Honda Hospital Transportation Study*. Approximately 603 parking spaces are located on the hospital campus, of which 466 are for general employee use, and 137 spaces are restricted for various users including employees with parking permits, volunteers, visitors, disabled, and loading. The third paragraph on page 3.2-11 of the Draft EIR states overall parking occupancy at the hospital in designated spaces is at 90 percent, which would be the equivalent of 60 unused parking spaces available on a typical day. The second paragraph on page 3.2-11 further indicates that 47 illegally parked vehicles were observed to be parked at various locations on the campus. Conservatively, if these vehicles were allocated to designated parking spaces, 13 unused parking spaces would be available.

It should be noted that despite availability of unused parking spaces within the hospital campus, some employees and other visitors to the campus choose to park off-site or illegally, perhaps due to the size and topography of the site and the location of designated parking lots relative to the destination of those drivers. In addition, parking designated for non-employee use is not as well utilized as parking for general hospital employees. For example, the employee parking spaces at the main hospital building are 100 percent occupied, whereas only 55 percent of the non-employee spaces located throughout the campus are occupied.

Comment 42

"Parking We are concerned about the Transit First Policy of the City and the problem of our ever increasing traffic. We note that Laguna Honda Hospital is situated in an area very well serviced by Muni and Muni Metro, with its efficient links as to Bay Area wide transportation systems. From our informal survey, roughly 35% of the existing parking spaces are not used, even at times of seemingly maximal use.
Pinky Kushner

Response 42

The City's Transit First Policy (Section 16.102 of the City Charter) is defined by a broad set of six principles which collectively state that public transit is an economically and environmentally sound alternative to the private automobile, and that facilitating the use of public transit should be a priority in conducting and implementing all City programs, policies, and affairs. As discussed on p. 3.2-17 and p. 3.2-18 of the Draft EIR, the proposed project would not have a significant effect on traffic conditions and intersection operations, and therefore, no mitigation measures would be required under CEQA. In keeping with the City's Transit First Policy, Laguna Honda Hospital recently prepared a draft TSMP, the goal of which is to minimize single-occupancy vehicle trips generated by the hospital. Refer to Response 44 concerning Laguna Honda Hospital's TSMP.

See also Response 43, which discusses the City's Transit First Policy in relation to the proposed project. Refer to the preceding Response 41 regarding the underuse of existing parking at certain parking locations within the Laguna Honda campus.

The time and locations of the informal parking survey are not stated by the commenter, and a direct comparison to the parking survey data provided in the *Laguna Honda Transportation Study* (February 2001), and on pages 3.2-11 and 3.2-12 of the Draft EIR cannot be made. If, as the commenter notes, 35 percent of the existing parking spaces are not used, there would be about 210 unoccupied parking spaces available throughout the Laguna Honda hospital campus. This percentage seems high, based on the parking survey data reported in the Draft EIR. As discussed in Response 41, overall parking in designated spaces at the hospital is 90 percent occupied, which indicates roughly 10 percent or 60 of the total existing spaces are unoccupied. (This does not account for cars illegally parked in non-designated parking areas.) Response 41 also notes that parking occupancy is much lower at spot locations within the campus. For example, non-employee parking that is provided at four locations throughout the hospital grounds is only 55 percent occupied, which could account for higher vacancy rates at certain locations. However, for purposes of analyzing parking effects of the project, the surveys conducted for the EIR indicate that parking at the hospital is essentially fully occupied.

Comment 43

"On P. 3.2-15 Paragraph D1(c) Parking states in part: 'Policies in the San Francisco General Plan emphasize the importance of public transit use and discourage the provision of facilities that encourage automobile use.' The EIR also includes a paragraph explaining how a 'shortfall' in parking supply will have only minor environmental impacts. However the transportation analysis proceeds assuming that nearly all of the existing parking was occupied. The EIR should have included an alternative of only providing the employee and visitor parking required by the planning code – 294 spaces rather than the 655 spaces proposed. This should not require any change to the provisions for off-street loading."

Howard Strassner

Response 43

While policies in the San Francisco *General Plan* emphasize the importance of public transit use and discourage the provision of facilities that encourage automobile use, the *General Plan* also recognizes the importance of containing and lessening the traffic and parking impacts of institutions on surrounding residential areas (refer to the San Francisco *General Plan*, Transportation Element, Objective 33 on page 3.1-7 of the Draft EIR). Laguna Honda hospital has recently developed a Transportation System Management Program (TSMP) that would reduce parking demand by encouraging the use of transit, bicycles, and alternative modes of transportation such as participation in rideshare and carshare programs. Please also see Response 44 for a description of the hospital's TSMP.

Starting with the second full paragraph on page 3.2-21, the Draft EIR provides a detailed explanation of why the parking shortfalls are not considered to be a physical environmental effect or be considered a significant environmental effect under CEQA.

The Draft EIR does not include an analysis of a project alternative that would provide 294 parking spaces, the minimum number of parking spaces required by the Section 151 of the Planning Code. Section 15126(d) of the CEQA Guidelines requires discussion only of a range of reasonable alternatives to a project that could feasibly attain most of the basic objectives of the project while reducing or eliminating significant impacts that would occur under the proposed project. As noted above, the project-generating parking shortfall is not considered to be a significant impact. Furthermore, the hospital is an institutional use located in an established, urban residential community. Consequently eliminating roughly 300 on-site parking spaces would not be a reasonable alternative to the proposed project due to increased parking and traffic impacts. A reduced parking alternative would neither achieve the project objectives nor meet the intent of CEQA to identify alternatives that reduce environmental impacts.

Comment 44

"This analysis should include some system similar to parking cash out which is mandated by state law for all employers of more 50 people, who pay for parking which they then provide at no cost to employees. They are required to offer employees cash instead of free parking and studies show that this has resulted in increased car pooling and transit use. Parking cash out applies to new construction which would construct employee parking. The proposed parking lots have the obvious costs of construction, maintenance and lighting. There are also hidden costs for the land which would have been better used as open space which could provide health benefits for the residents and neighbors.

We suggest a parking system which: a) Provides some parking for visitors, and occasional parking by employees, within the total provided, with hourly parking fees similar to other hospitals in the City; b) Provides a few spaces with lower parking fees for volunteers; c) Sells monthly parking permits for employees at the market rate, similar to the proposal that the Planning Department is discussing for residential areas where the parking supply is limited; and d) Distributes of all of the revenue collected from b) and c) plus the reduction in the obvious costs of parking to the City, to all employees (based on shift worked) who do not obtain a parking permit.

To illustrate how our suggestion could work we estimate the following: 1) Total monthly income from 294 parking spaces based on approximately \$100 for each monthly day shift employee parking permit = \$29,400 a month per c) above; 2) Assume that 1) includes all other revenue per a) and b); 3) Add \$1.00 a day savings (based on BART's maintenance expense for surface parking lots) for the 361 spaces not provided = \$10,800 a month; 4) This totals \$40,200 a month; 5) Assume that this amount will be divided between 400 day shift employees (the EIR did not include sufficient information to determine this number) who don't obtain a permit = \$100 per employee per month. This is much more than the cost of a Fast Pass (which many employers provide their employees) and ample to induce many employees to car share and help their driver pay for parking. The monthly distributed share plus an employee's reduced automobile expenses will encourage transit use or car pooling even when an employee has to occasionally pay for parking per a) above. The market rate for swing shift will be much lower and the rate for graveyard may be zero.

The study and implementation of our proposed alternative is required by the Transportation Element of the General Code as listed on p. 3.1-7. Policy 33.1 limits the provision of parking and 33.2 protects residential neighborhoods from parking impacts which is already provided for with the existing Residential Parking Permit system. In addition The Planning Department is beginning to reduce the required supply of parking for residential units and people will drive less. The EIR correctly shows that the hospital is well served by transit, within one block, and there is capacity for a few more riders per transit vehicle while a reduction in auto use will reduce the queuing which delays buses." Howard Strassner

Response 44

The state law to which the commentor is referring is Senate Bill 2019 (Katz), commonly known as the Parking Cash-Out Program. As the commentor suggests, Laguna Honda hospital could choose to implement some form of cash-out program; however, the hospital is not required to do so under Senate Bill 2019, contrary to the commentor's assertion. The legislation applies only to private companies that have 50 or more employees and lease land where employees park.

In addition, the study and implementation of the type of parking system suggested by the commentor is not specifically required by the Transportation Element of the *General Plan*. Objective 33 of the Transportation Element, listed on page 3.1-7 of the Draft EIR states, "Contain and lessen the traffic and parking impact of institutions on surrounding residential areas." Policy 33.1 of this objective is to "Limit the provision of long-term parking facilities at institutions and encourage such institutions to regulate existing facilities to assure use by short-term clients and visitors." Objective 33 and Policy 33.1 of the Transportation Element both encourage projects that both reduce parking impacts on residential areas and limit long-term parking. However, no specific programs or measures are mandated.

Laguna Honda hospital recently developed a Transportation System Management Program (TSMP) (February 4, 2002) to encourage the use of transit and alternative modes of transportation. The TSMP outlines general educational, promotional, and financial incentive measures to encourage the use of transit and alternative modes of transportation. The program is still being refined and does not include an implementation schedule, performance measures, or program evaluation standards. The stated goal of the TSMP is "to minimize single-occupant vehicle trips to the extent possible to ensure the most efficient and effective movement of people and vehicles to, around, and from the Laguna Honda campus in order to mitigate the impact of the Laguna Honda Hospital Replacement project construction, and efficiently manage existing and proposed parking resources and maximize access and enhance mobility for employees, visitors, residents and volunteers." Following the completion of project construction, the TSMP calls for several measures to reduce parking demand, including employee transportation subsidies, fare discounts through the use of transit vouchers, ride matching services, participation in the City Carshare program, and a no-interest loan Bicycle Purchase Program, as well as the installation of a secure, enclosed bicycle parking facility. The current TSMP does not include an employee paid parking or "cash-out" system. However, the program is evolving, and states that "...the Laguna Honda Hospital TSMP will consider application of all TSMP programs available now or in the future so long as they are deemed efficiently applicable to the overall goal of reducing peak hour trips."

While some municipalities have voluntarily implemented some form of parking cash-out programs for public employees, currently there are no City and County of San Francisco agencies or departments that

have established an employee cash out program. San Francisco agencies do, however, offer tax breaks for monthly transit passes and purchases.⁶

Pedestrian Impacts

Comment 45

"We continue to be concerned for pedestrian safety at the north end of Dewey Boulevard. We would like the Hospital (and/or the City) to further explore (a) rehabilitating the pedestrian tunnel from the Forest Hill Muni station to the to the other side of Laguna Honda Boulevard or (b) building a pedestrian bridge in the vicinity." Davis R. Schwartz

Response 45

Existing pedestrian safety conditions at the north end of Dewey Boulevard are present conditions that would continue to occur with or without the proposed project. On p. 3.2-22, the Draft EIR evaluates the impacts of the proposed project on pedestrian safety, and concludes that the project would not result in a significant environmental effect related to pedestrians. Since the project would not have any significant environmental impacts on pedestrians at Dewey Boulevard or elsewhere, no mitigation measures are required.

Neither Laguna Honda hospital nor the City currently has funding for major pedestrian improvements in the vicinity of the Forest Hill MUNI Station. MUNI is currently conducting some minor upgrades to the Forest Hill Station, but indicates that funding is not available for rehabilitating the existing pedestrian tunnel or building a pedestrian bridge. DPT indicates that traffic signal improvements could also improve safety conditions by reducing conflicts between pedestrians crossing Laguna Honda Boulevard and vehicles making U-turns from the jug handle across the crosswalk on the same signal phase. However, DPT currently does not have funding for signal improvements at the Forest Hill Station.

⁶ Rivasplata, Charles, Planning Department, written communication, April 24, 2002, and Rick Ruvalo, Manager, City Employee Commute Assistance Program, telephone conversation, April 24, 2002.

Bicycle Impacts

Comment 46

"Also, the Hospital driveway feeds directly onto one of the city's major bike routes, on 7th Avenue. When I taught at San Francisco State University, I used this bike path on my daily commute. That stretch in front of Laguna Honda was by far the most dangerous part of my commute. Every time I biked down that hill in front of the Hospital, I was scared I was going to be killed. Part of the problem was how little regard most drivers had for the posted speed limits, but the other part came from cars entering and exiting the hospital driveway. An increase in motor vehicle traffic at that intersection would turn an already extremely hazardous situation into one that is potentially deadly for bicyclists and pedestrians."

Katherine Roberts

Response 46

Laguna Honda Boulevard is designated as part of the Citywide Bicycle Network (Routes #65 and #60). In the hospital vicinity, Laguna Honda Boulevard is a shared bicycle route (Class III) between Clarendon Avenue and Woodside Avenue, and a bicycle lane (Class II) north of Clarendon. Posted speed limits on Laguna Honda Boulevard are 25 miles per hour (mph). Existing traffic safety conditions related to speeding are not directly related to the proposed project. The Laguna Honda Boulevard/Woodside Avenue/Dewey Boulevard intersection would continue to operate at acceptable service levels under existing conditions, with the project, and with the project under future cumulative conditions in 2015 (see Table 3.2-2 on page 3.2-18, and Table 3.2-3 on page 3.2-26 of the Draft EIR). While intersection operation conditions are not directly applicable to bicycle safety, the proposed project would not substantially increase traffic or worsen operating conditions at the hospital driveway intersection. In addition, the planned two-way access to and from Woodside Avenue will reduce auto use of the main driveway to and from Laguna Honda Boulevard, thereby potentially reducing the extent of existing conflicts between autos and bicyclists.

The impacts of the proposed project on bicycle travel are evaluated on p. 3.2-22 of the Draft EIR. That discussion concludes that the project would not create hazardous conditions or interfere with bicycle accessibility and, therefore, would not result in significant environmental effects on bicycle conditions.

Construction Impacts

Comment 47

"We sent you a letter and you were kind enough to include it in the draft. And most issues have been covered, except for the construction traffic. We are concerned that there will be construction traffic coming from Portola from the south, down Claremont and up to Dewey -- down two blocks to Dewey. There's also West Portal school at Dewey; and there are crosswalks and children there every day, five days a week. We understand that there will be some construction traffic coming through there during the Youth Guidance Center reconstruction. So that probably will give us 10 years of very dangerous Safeway trucks coming through and buses that dead end at the end of the day, in the evening, and they're not supposed to come through. The street has become a very busy, dangerous street. And we're very concerned about that. And I understand that the construction traffic hasn't been set yet; so we would like to know how to approach that problem, both coming from the north and from the south. And once again, thank you for including our letter and most of our concerns have been answered. And I thank you for the time." John Balestreri, Planning Commission public hearing comments, January 10, 2002

"It's my understanding that the current plan shows that construction vehicles will approach Laguna Honda Hospital and that project by turning off (sounds like) Brook Boulevard at Claremont Boulevard and then head up to towards the Dewey Circle and towards the hospital. And as my husband alluded just prior, there is the West Portal Elementary School there and lots of foot traffic and a neighborhood field. I'm concerned, and all of us are, about the heavy trucks that move through -- would be moving through this residential neighborhood. As an easy alternative I would like to propose that the trucks come from the southwest continuing on Portola Drive and then turning at Woodside to access Laguna Honda Hospital that way. If they are unable to make that sharp turn into Laguna Honda Hospital from that approach, I would recommend that instead they go down 19th Avenue, turn up Lincoln Boulevard, and then on 7th Avenue, and then they can easily make a left-hand turn into the hospital. I would like to propose those alternatives for your review and in order to keep the residential neighborhood and quality of life in the West Portal/Forest Hills area. Thank you." Katie Balestreri, Planning Commission public hearing comments, January 10, 2002

"Specific construction traffic routes must be identified. Restrictive covenants on traffic, parking, and cycling of trucks on neighborhood streets must be put in place prior to issuing building permits. Analysis of traffic impacts due to the entrance off Idora should be completed. This has been an item that many have spoken to and has been something that we asked the project team to do for several months as part of the scoping process." Eileen Fanelli, Planning Commission public hearing comments, January 10, 2002

"We are very opposed to the idea of construction trucks hauling materials on Dewey Boulevard for two reasons. One, there are potential safety problems at Dewey Circle, where there is already considerable traffic associated with the drop-off and pick-up of children at West Portal Elementary School; loaded

construction trucks don't exactly stop on a dime even when there is a crossing guard. Two, Dewey Boulevard was not constructed for heavy truck traffic. We are already experiencing (a) cracking in the roadway and (b) subsidence of our sidewalks and boulevards due to the inappropriate use of Dewey Boulevard by Muni buses and Safeway trucks. We are trying to get such heavy vehicles off Dewey Boulevard; we are not looking for heavy construction trucks to exacerbate the problems." **Davis R. Schwartz**

"I also just want to echo something Ms. Balestreri commented on: Regional access routes. She is right. I mean, Dewey Boulevard can't handle the traffic. And in the EIR it suggested that really trucks coming from the south will use 280 and exit at San Jose Avenue. Well if anyone has ever tried to negotiate that exit on San Jose, take that hard right to get to Bozworth to Oshaughnessy, I challenge a large truck to do it without running into something. So I think traffic originating from the south won't be able to use 280 as the EIR states and that they will be forced to divert themselves onto Portola, Claremont, and then onto Dewey. From the east it's suggested that they can use 280 and exit Monterey Boulevard and come up Oshaughnessy, but I also challenge them to take Monterey and hang the hard right and go past the Glen Park BART station. That's a traffic nightmare to begin with. So I suggest that what they're probably going to do in the near future will be using the Fell Street offramp on 101, but that's later to be demolished while they're rebuilding Octavia Boulevard. So what I'm asking is that the EIR in its final draft really articulate exactly what routes the construction people and the large trucks should take, because right now the alternatives that are discussed really aren't realistic. And as anyone who resides west of Twin Peaks, including Commissioner Theoharis, knows if you get lost, you can end up on some very tiny streets that lead you in circles. And we really would prefer the trucks and drivers not be forced to do that. In addition, the last element is that they show trucks leaving the project using 7th Avenue going to Lincoln Way to access 19th Avenue. You cannot take a left-hand turn on 7th Avenue. So what they're going to be forced to do is to turn left at Irving/Judah, which doesn't have a signal for left turns. And Irving and Judah are both transit thoroughfares." **Steve Suacci, Planning Commission public hearing comments, January 10, 2002**

"The EIR should more thoroughly examine the traffic and parking impacts which will occur at different stages during the planned eight years of construction." **Harold Wright**

"As an adjacent residential district, the Forest Hill Association is essentially concerned with the external environmental and traffic effects of the Replacement Project, both during the prolonged anticipated demolition and construction and upon completion." **Harold Wright**

Response 47

Page 2.0-18 of the Draft EIR in **Chapter 2.0, Project Description, Section E.4., Proposed Construction Phasing Plan**, presents three possible construction truck routes that were identified for the proposed project. Since publication of the Draft EIR, the project sponsor and the Department of Parking and Traffic

(DPT) have examined other possible truck routes that would minimize traffic and circulation impacts. These routes are described in Response 10. All of the routes assume that the two-way Woodside Avenue driveway would be available for use by the hospital. The proposed use of the Woodside driveway by Laguna Honda during construction has been agreed upon by the YGC. None of the routes would include the use of Dewey Boulevard, Claremont Avenue, or O'Shaughnessy Boulevard. Thus, these streets would not be subject to construction truck traffic. As a commentor states, left turns from Lincoln Way onto 7th Avenue are prohibited. The revised construction routes do not require left turns from Lincoln Way to access the site from the east, and incorporate a commentor's suggestion of using Portola Drive for access to the site from the southwest.

Potential traffic impacts associated with the Woodside Avenue/Idora Avenue intersection are addressed in Response 35. Refer to Responses 37, 38, and 39, which address traffic effects of the project after completion. Pedestrian safety conditions are discussed in Response 45. Please also see Response 50 for a discussion of on-street parking restrictions that would be imposed during the construction period.

Comment 48

"p. 3.2-1: 'A Summary' Under the Transportation, Circulation and Parking section and based on preliminary construction plans, 'truck traffic would range from an average of 7 trucks per day to a PEAK of 15 trucks.' Our preliminary analysis breakdowns as follows:

G/C supervisory vehicles	20-30 (1/2 ton to 1 tn. Trks.)
Concrete Pour of 200 to 325 CY	25-40 (cycling in/out of LHH)
Architectural Constr. (M/E D/W, etc.)	50 (100 workers with 2/car)
TOTAL	95 - 120

The Draft EIR does not describe how it calculated an average and peak level of truck traffic into and from the site. It does not describe the type of trucks that will be used; it does not describe the construction in enough detail to understand the types of construction materials that will be used, how they will be brought to the site, and placed and when the major delivery of materials will occur. This information should be included so the reader can understand the basis for statements made in the report." Eileen Fanelli

"Today I'd like to address the major construction impact issues mentioned in the Draft EIR as directly affecting the surrounding neighbors. The two major issues are that of construction vehicles and also the excavation process. Under the Transportation and Circulation and Parking section, and based on the preliminary construction plans, quote: Truck traffic will range from average of seven trucks per day to a

peak of 15 trucks. Our preliminary analysis breakdown is as follows: The general contractor and supervisory vehicles would range from approximately 20 to 30 vehicles. This consists of half-ton to one-ton trucks.

Now if there was a concrete pour during this time of approximately 200 to 300 yards, that would mean 25 to 40 Ready-Mix trucks, eight yard trucks, cycling in and out of Laguna Honda. Now during another phase of the construction and at the same time, though, but a different phase, if there were architectural construction going on, such as mechanical and electrical interior finish-out work, that would impose about another 50 construction vehicles. As you can see this totals between 95 and 120, not 15. In the same section it states that, quote: During most phases of the construction, it is anticipated that construction-related parking could be accommodated within the project site. But during the peak construction period, the contractor may need to make arrangements at remote parking facilities off site. It also states that construction traffic affects would not be considered significant. We consider the hundred-plus vehicles or trucks to be very significant and would like restrictions imposed on the contractor preventing any construction parking or ushering of construction vehicles on the adjoining streets." Richard Parrino, Planning Commission public hearing comments, January 10, 2002

Response 48

The construction management consultant for the proposed project, Turner Construction/CDM, a Joint Venture (Turner Construction), generated the estimates of construction-related truck trips cited in the Draft EIR. Turner Construction is the largest privately owned construction contractor in the United States, and is among the top five contractors in the Bay Area. The firm has been in business for over a century, and has managed major construction projects within the City and County of San Francisco. Turner Construction estimated the number of construction-related truck trips based primarily on materials and finishing requirements for new and rehabilitated buildings on the site.

The commentors correctly identify the different types of construction truck requirements for various construction activities. However, the truck trip estimates provided by the commentors are overstated, for the following reasons: The estimate of an average of seven trucks per day to a maximum peak of 15 trucks per day as discussed in the second full paragraph on page 3.22-24 of the Draft EIR accounts only for heavy-duty construction delivery vehicles. These would be 40-foot-long trailer trucks that would deliver primarily structural steel, reinforcement steel (rebar), concrete, dry wall, and construction equipment. No trucks would be delivering fill material, as fill would be balanced and stored on-site. Light-duty construction delivery trucks (i.e., pick-up trucks) for supervisors, construction management, staff, and architects are included in the estimate of construction worker trips and of construction worker parking demand estimate, as discussed in Response 49. During the peak construction phase, Phase Two,

there would be one concrete pour delivery per week, for up to three years.⁷ Also, during the last phase of construction, Phase Three-B, there would be about 125 heavy-duty trucks scheduled over a six-week period for hauling soft demolition debris (e.g., cabinets, doors, flooring).

Turner Construction indicates that because the hospital would remain in operation and building demolition would occur in phases throughout construction, the number of heavy-duty construction trucks delivering materials to the site at any one time would be scheduled daily by the construction contractor and management consultant. The delivery and haul schedules for all heavy-duty construction trucks would be closely scheduled, managed, and controlled to minimize on-site traffic congestion and off-site queuing of trucks, particularly on Laguna Honda Boulevard, Woodside Avenue, and other nearby streets.⁸ In addition, the ability to queue 40-foot-long trailer trucks on-site would be constrained as available site area would be used to stage and marshal construction equipment and supplies and to provide construction worker parking. Therefore, the number of construction trips estimated for the proposed project is lower than would be the case for a project on a cleared, vacant construction site.

To clarify the number and type of construction truck trips on-site, the Draft EIR is hereby revised as follows:

[p. 3.2-24, second paragraph, starting with the eighth sentence] "Based on preliminary construction plans, truck traffic would range from a typical average of seven trucks per day to a maximum peak of 15 trucks per day. These trips account for heavy-duty construction delivery vehicles. These would be 40-foot-long trailer trucks that would deliver primarily structural steel, reinforcement steel (rebar), dry wall, and construction equipment. Light-duty construction delivery trucks (i.e., pick-up trucks) for supervisors, construction management, staff, and architects are included in the estimate of construction worker trips and are not part of the estimate of heavy-duty construction delivery vehicles.

Peak truck traffic would occur ~~in the first year of Phase Two~~ toward the end of Phase Two when construction of the Greenhouse Building, Link Building, and Clarendon Hill East Building would occur simultaneously.¹⁶ The most intensive construction activities during this peak construction period would last up to six months. "

⁷ Bjorkman, Craig, Project Executive, Turner Construction, telephone conversation, April 26, 2002.

⁸ Bjorkman, Craig, Project Executive, Turner Construction, telephone conversation, March 4, 2001.

¹⁶ Craig Bjorkman, Turner Construction Company, letter communication, November 12, 2001.

The construction management consultant specifications for the proposed project could include parking restrictions similar to the following language that has been included in the construction specifications for the YGC project:

Employees of the Contractor, subcontractors, and suppliers shall not park their vehicles outside of the active construction area within where they are currently working and where public access is prohibited. The Contractor shall provide parking for their employees at a site, which will not impact local residential areas.

Construction Parking

Comment 49

'During the peak construction period, the project sponsor and contractor may need to make arrangements at remote parking facilities to provide shuttle service...for both construction workers and hospital employees.' "Where do they intend to stage this? How are workers and equipment going to be shuttled to and from the project site? Is this a realistic option and has it been implemented successfully at other construction sites in the City?" **Eileen Fanelli**

"p. 3.2-25: 'Assuming that a portion of the construction workers car-pooled and used transit....'. This assumption seems highly unrealistic. Are there other projects where workers car-pooled and used public transit at the levels assumed in the Draft EIR?" **Eileen Fanelli**

"In addition the EIR states that a remote parking facility will be identified for workers and staff. I'd like to ask where that will be in San Francisco. Where is this spare land; where is this spare parking? Maybe San Bruno. I don't know. Maybe they can find some down there. It also suggests that workers on the project will -- a portion of them car pool or use transit. I have yet to see construction people haul their tools in on transit or even car pool. I think they all come by truck." **Steve Suacci, Planning Commission public hearing comments, January 10, 2002**

Response 49

The project sponsor and construction contractor have refined the construction phasing plans so that all of the construction worker and employee parking can be accommodated on site throughout all construction phases, including the peak phase, while essentially maintaining the existing 603 parking spaces available for hospital staff and visitors. Therefore, the use of remote construction worker parking facilities during

the peak construction period is no longer required.⁹ The Draft EIR is hereby revised as follows to reflect the changes to the construction phasing to accommodate construction worker and employee parking on site:

[p. 3.2-25, third paragraph, beginning with the third sentence] "During most phases of construction, it is anticipated that construction worker parking demand could be accommodated within the project site, while still maintaining ~~The existing 603 spaces would be maintained or increased throughout almost all phases of construction for hospital employees and visitors.~~ In the early part of Phase One, all 603 existing spaces would be available, ~~and the number would increase to about 655 spaces as new parking is added to the site.~~ However, during the 2.5-year peak construction period, parking available to employees and visitors would dip to 587 spaces, 16 fewer spaces than currently exist. During Phase Two, ~~390 of the existing parking spaces would remain, and 460 new spaces would be added for a total of 850 spaces~~ roughly 602 spaces would be available to hospital employees and visitors. ~~During~~ In Phase Three-A, total on-site parking would ~~range from 695 spaces to 839 spaces, as new spaces are provided with the new construction.~~ decrease to 590 spaces, or 13 fewer spaces than are currently provided. In Phase Three-B, the number of parking spaces would ~~be reduced temporarily to 591, 12 spaces fewer than currently exists.~~ slightly increase to 621 spaces, as new spaces are provided with the new construction. During the peak construction period, the project sponsor and contractor would make arrangements at ~~remote parking facilities, if necessary, to provide shuttle service to the site for both construction workers and hospital employees during a five-month period.~~ After Phase One, the hospital's 47 laundry facility workers would be relocated off-site, which would free up an additional 30 employee parking spaces.

The temporary decrease of up to 16 parking spaces during Phase One of construction could likely be accommodated on site and would not result in a substantial increase in off-site parking. After Phase One, any temporary decrease in parking would be off set by the 30 employee parking spaces that would become available when the laundry facility and workers are relocated off site. Therefore, the proposed project would not result in a significant impact associated with pertaining to construction-related parking demand."

[p. 1.0-6, second paragraph] "During ~~most phases of~~ construction, it is anticipated that construction-related and hospital employee and visitor parking could be accommodated within the project site. ~~During the peak construction period, the project sponsor and~~

⁹ Turner Construction, Laguna Honda Hospital Replacement Parking Study EIR Update, February 15, 2002.

~~contractor may need to make arrangements at remote parking facilities to provide shuttle service to the site for both construction workers and hospital employees."~~

Please refer to **Response 40** for a discussion of laundry-worker parking demand.

The construction management consultant for the proposed project is Turner Construction. Refer to **Response 48** for a discussion of this firm's credentials. Turner Construction developed the construction worker parking demand estimates based on a construction management software, called Resource Allocation Control System (RACS), which is commonly used throughout the construction industry. The software assists project managers in determining a project's staff requirements based on schedule, cash flow, and phasing. The number of construction workers for the proposed project was determined using the RACS model, and the construction worker parking demand was estimated using the number of construction workers and applying a factor for carpooling and transit use. Turner determined a factor of 10 percent carpool use and 10 percent transit use, which is the equivalent of a 20 percent single occupancy auto mode split. This mode split ratio coincidentally is the same as the mode split which was applied to Laguna Honda hospital workers in the Draft EIR trip generation analysis.

Turner Construction indicates that a 20 percent mode split is not unreasonable, and in fact somewhat conservative for San Francisco construction sites. Typically, San Francisco draws its labor pool for construction work from the East Bay regions, including Solano County, western Contra Costa County, and as far away as San Joaquin County from cities such as Brentwood, Stockton and Tracy. Typically, workers carpool to take advantage of high occupancy vehicle (HOV) lanes, or drive to the Bay Point BART Station and take BART into the City. Because the Laguna Honda site is near the Forest Hill MUNI Station, Turner indicates that transit and carpool use would be more typical of downtown San Francisco construction projects, which have a higher than 20 percent mode split rate. Each contractor would provide its workers with a secure location on site to store their personal tools and equipment.¹⁰

To clarify the estimate of construction workers and parking demand, the Draft EIR is hereby revised as follows:

[p. 3.2-25, first sentence (continued from previous paragraph)] "Phase Two would be the most labor-intensive phase of construction and would require an estimated maximum of ~~220~~ 280 workers for a five-month period."

[p. 3.2-25, first full paragraph, beginning with the third sentence] "Assuming that a ~~portion~~ 10 per cent of the construction workers car-pooled and 10 per cent used transit, approximately 80 to 130 construction worker vehicles would travel to the project site.

¹⁰ Bjorkman, Craig, Project Executive, Turner Construction Company, telephone conversations, March 1, March 4, and April 26, 2002.

This traffic would somewhat affect the operating conditions at the nearby intersections. The addition of vehicles during the peak construction period (a maximum of approximately 220 ~~workers~~ vehicles) would have a greater impact on those intersections, although these impacts would not be considered significant as the increased traffic would not create traffic congestion that would substantially contribute to a significant decrease in air quality, or substantially interfere with transit, pedestrian, or bicycle access to the site."

Cumulative Impacts

Comment 50

"The overlap in the [Laguna Honda hospital and YGC's] construction schedule[s] must be discussed as part of cumulative impacts." Eileen Fanelli

"But the fact that the traffic issues, the changes are not going to mitigate traffic problems. It reduces access to our houses. It stops our ability to get to and from and it makes it extremely difficult to get in and out, especially when three projects are going to be all going at the same time." John Paul, Planning Commission public hearing comments, January 10, 2002

"My concern is what's going to happen to all of us when we have Laguna Honda -- I mean also have YGC being built and all of a sudden we have all this construction. There's not going to be any room for the neighbors." Ann Wharton, Planning Commission public hearing comments, January, 10, 2002.

Response 50

Three projects whose construction schedules would overlap with that of the proposed project are planned for construction in the vicinity of the Laguna Honda campus. The projects are the Sutro Reservoir and Pipeline project, the Juvenile Hall Reconstruction project, and the Clarendon Avenue/Laguna Honda Boulevard Signalization project. Refer to Response 17 regarding these cumulative construction projects. To address the potential cumulative, combined impacts of these projects with the proposed project, the following text has been added to the Draft EIR:

[p. 3.2-27, added to end of the text] "Construction of the proposed project would be phased over an eight-year period, beginning in the third quarter of 2002, and ending by the end of 2010. During the first five years of project construction, three other projects in the vicinity of the project site would be constructed simultaneously."

One project is the Sutro Reservoir and Pipeline project sponsored by the S.F. Public Utilities Commission. Construction of the project is scheduled to occur between March 2002 and September 2003¹⁷, although actual construction work may not begin until summer of 2002. The reservoir segment of the project mostly includes rehabilitation of the reservoir and miscellaneous improvements. Minor traffic impacts and no on-street parking impacts are expected to occur because most construction activities will be confined to the reservoir site, which is located at the northeast corner of Clarendon Avenue and Olympia Way. The pipeline portion of the project consists of the third and final phase of construction of the Sutro Reservoir inlet pipeline. Construction will involve the installation of a dedicated 36-inch diameter steel pipeline from the Central Pump Station located at Sloat Boulevard and 23rd Avenue, across Santa Clara Avenue up to Portola Drive to Claremont Boulevard, over Claremont Street to Dewey Boulevard, and terminating at Laguna Honda Boulevard, where the pipeline will connect with existing pipeline segments constructed in two previous phases. (This project is separate from the Clarendon Pump Station and Related Pipeline project that was constructed on Laguna Honda Boulevard, between Clarendon Avenue and Dewey Boulevard, from June 2000 to August 2001.) The pipeline will be installed within the street right-of-way. Construction will require possible traffic re-routing and lane closures, although one lane of traffic will be maintained in each direction throughout construction. On-street parking may be temporarily restricted in areas under construction. Traffic control measures such as uniformed officers at busy intersections during commute hours, solar message board, and traffic re-routing signs would be implemented during construction.

Phase One of the proposed project, which is scheduled for completion during Fall 2003, would overlap with the Sutro Reservoir and Pipeline project. Mostly on-site utilities access work would occur during Phase One, which would not substantially contribute to cumulative construction traffic and parking impacts in the project vicinity (i.e., on Dewey Boulevard and at the Dewey Boulevard/Laguna Honda Boulevard intersection) during construction of the Sutro Reservoir and Pipeline project.

A second project, the Juvenile Hall Reconstruction Project, is described on p. 3.1-9. That project site is located immediately east of the Laguna Honda hospital campus, with

¹⁷ Sutro Reservoir – New Inlets, Roof Repairs and Miscellaneous Improvements Fact Sheet; and 36-Inch Sutro Pipeline From Central Pump Station to Dewey Blvd./Laguna Honda Blvd. Fact Sheet, and Marcy Adams, Public Involvement Coordinator, PUC Distribution Division, telephone conversation, March 4, 2002.

construction scheduled to begin in November 2002 and end by March 2005.¹⁸ Phase 1 construction of the YGC project entails the first half of on-site hazardous materials abatement from June to September 2002, followed by demolition, building construction, and partial site development from November 2002 to June 2004. The new Juvenile Hall facility would be completed and occupied in June 2004. Phase 2 would involve completion of remaining on-site hazardous materials abatement from June to August 2004, and construction of an outdoor recreation field and remaining site development from August 2004 to March 2005. Peak construction activities would occur from November 2002 to June 2004 when demolition and construction of the new Juvenile Hall occurs.

Phase 1 of YGC construction would overlap for about a year with the Sutro Reservoir and Pipeline and construction of the proposed project. The Department of Public Works is undertaking traffic control measures to minimize traffic and parking effects of the pipeline project.

Estimates of construction-related truck trips and construction worker trips have not been developed for the YGC project.¹⁹ The new Juvenile Hall facility would be completed during Phase 1, and occupied by the time peak construction of the proposed project occurs. Phase 2 construction of the YGC project would overlap with peak construction of the proposed project. However, YGC construction activities during this phase would be less intense, and involve on-site hazardous materials abatement and construction of an outdoor recreation field. No major building demolition or new construction would occur during Phase 2 of the YGC project.

The construction phases of the two projects would overlap for about 2.5 years. The Woodside Avenue driveway improvements will be completed prior to the start of construction of both the Laguna Honda and YGC projects. During this period, the combined construction activities would result in increased construction truck and construction worker vehicle traffic, particularly on Woodside Avenue, as both facilities plan to use the Woodside driveway as the primary ingress/egress for construction trucks and construction worker vehicles. Construction-related traffic, particularly truck traffic, could cause delays and affect intersection operations due to the slower speeds and turning movements of trucks. Such delays would particularly affect the

¹⁸ Bigelow, Chris, Department of Public Works, Bureau of Architecture, telephone conversation, February 29, 2002.

¹⁹ Bigelow, Chris, Department of Public Works, Bureau of Architecture, written communication, June 14, 2002.

Woodside/Avenue/Portola Drive intersection, which would be used for truck access to the site from the south, east, and north. (Refer to page 2.0-18 for a description of the proposed truck access routes to the site.)

Laguna Honda hospital employees who now park on Woodside Avenue would be displaced during construction of the YGC project. The Department of Parking and Traffic (DPT) will reserve parking on Woodside Avenue between Portola Drive and Laguna Honda Boulevard for YGC employees during YGC construction by use of a temporary sticker or dashboard placard. A total of approximately 115 on-street spaces will be reserved for YGC employees on Woodside Avenue and Twin Peaks Boulevard. Similar parking arrangements have been made with DPT for on-street parking on Twin Peaks Boulevard between Portola and Panorama Drives. The reserved parking arrangement with DPT will end after YGC construction is completed. During this period, Laguna Honda employees who park on Woodside Avenue or Twin Peaks Boulevard may be able to park on the Laguna Honda campus, since some of the non-employee parking lots are underutilized. Otherwise, these Laguna Honda employees would need to find alternate parking locations on nearby residential streets or seek parking at farther distances.

Representatives of Laguna Honda hospital and the Juvenile Probation Department have agreed to meet regularly during construction of both the Laguna Honda hospital and YGC projects to coordinate respective construction activities and schedule, so as to minimize potential off-site traffic and parking impacts in the neighborhood.

The third project is the Clarendon Avenue/Laguna Honda Boulevard Signalization. DPT has requested funding of this intersection in Fiscal Year (FY) 2002-2003. If funding is approved in FY 2002-2003, this project would be constructed between fall 2003 and summer of 2004 and would overlap for a short period with the construction of both the Juvenile Hall Reconstruction project and the beginning of Phase Two construction of the proposed project. Signal installation and improvements would require a maximum of two months to complete. During this two-month period, trenching would require lane closure. However at least one lane of traffic would remain open in each direction at all times. Also, on-street parking could be temporarily prohibited in the immediate vicinity of trenching activities. All construction would occur during off-peak hours, between 9:00 AM and 3:00 PM.²⁰ As discussed on p. 3.2-5, this intersection, under existing unsignalized conditions, operates at LOS C for the worst approach (westbound at

²⁰ Velasco, Manito, Department of Parking and Traffic, telephone conversation, April 29, 2002.

Clarendon Avenue). In addition, this intersection would not be used as a construction truck route for the proposed project. During construction, there could be delays in turning movements and through traffic at this intersection for up to two months, which would not be considered a significant effect (because it would be temporary). After signalization, traffic flows and turning movements would be improved at the Clarendon Avenue/Laguna Honda Boulevard intersection for the remaining construction phases of the YGC and Laguna Honda projects.

While the cumulative construction traffic effects of the proposed project, combined with the Sutro Pipeline, Juvenile Hall Reconstruction, and Clarendon Avenue/Laguna Honda Boulevard Signalization projects, would not be a significant environmental impact, residents and vehicles traveling in the project vicinity would experience temporary and intermittent delays and inconvenience during construction, particularly when the Juvenile Hall replacement and the proposed project could both be under construction."

(Refer to Response 10 for a description of the proposed truck access routes to the site.)

3.3 VISUAL QUALITY

Existing Off-Site Views of the Project Site

Comment 51

"The site – partially or entirely – is visible from any homes in Midtown Terrace, primarily from many of those located on its west-facing terraced portion. Section C-2 (p. 3.3-3) includes the statement 'the site is not visible from the neighborhood areas to the north and east...'Figure 3.3-4 [View 3: Looking Southwest from Twin Peaks Park] (p. 3.3-7) clearly shows that is statement does not correspond to fact: the homes in the right to middle foreground are located on Starview Way, Knollview Way, Starview Way and Panorama Drive on that terraced portion.

Of course, view of the site from these streets is not possible, simply because the houses block it. But it is possible from the living rooms of many of these homes. Short of asking for permission to visit some of these homes, one can go to the gap between #19 and #47 Knollview Way, which provides a view of part of the site that is similar to the views from nearby homes. (Clarendon Hall is in plain view; all seven stories of the proposed Clarendon Hill West building will be in full view from there.) We suggest that the quoted statement on p. 3.3-3 be amended accordingly, and that the numerous statements in the report mentioning views from 'Twin Peaks Park' be expanded to include at least that terraced portion of Midtown Terrace." Gilbert De La Mora, *et al.*

"The judgement of whether any changes of the view of the site from the west slope of Twin Peaks are significant and adverse is one for the individual homeowners to make. At any rate, since they will – or will not – enjoy these views perennially, their opinions – expected not to be unanimous – should be more relevant than those of the occasional hiker or cyclist on Twin Peaks Park." **Gilbert De La Mora, et al.**

Response 51

The significance thresholds for determining visual impacts are described on p. 3.3-9 of the Draft EIR. As explained, the project would have a significant impact on visual resources if the project would do any of the following: (1) have a substantial, demonstrable negative aesthetic effect; (2) substantially degrade or obstruct any scenic view or vista now observed from public areas; or (3) generate obtrusive light or glare substantially impacting other properties. Views from private residences are not relevant to the EIR visual quality analyses, even if the views from such homes are scenic.

The commentor is correct that the project site is visible from private residences in the area. It appears that views from private residences located on Starview Way, Knollview Way, and Panorama Drive would be affected by the proposed project. Although these effects are not relevant to the analysis of the EIR, the Planning Commission and Board of Supervisors can consider these issues in their review of the approvals for the project.

The only public viewing area generally recognized as providing scenic views of the project site is Twin Peaks Park. The portion of Twin Peaks Park that affords a view of the project site is generally used by hikers and/or cyclists. As discussed on p. 3.3-11 of the Draft EIR, the proposed project would result in significant impacts to views from Twin Peaks Park.

Comment 52

"A situation which in several respects is different from the preceding one exists on the portion of Dellbrook Avenue contiguous to the eastern boundary of the campus. Section C-3 (p. 3.3-8) includes the statement 'Views from Dellbrook Avenue are generally blocked by the houses along the roadway, but the trees along the eastern project boundary buffer views towards the project site from behind the homes.' The qualifier in this statement can be attributed to the fact that there is at least one large gap in that line of trees, the one west of #56 to #64 Dellbrook Avenue. This gap is noticeable on **Figure 3.3-4** (p. 3.3-7) baring the Bridge Structure, and much wider than indicated on **Figure 2.0-4** (p. 2.0-13). As shown on the attached copy of a photograph taken on December 15, 2001, the gap affords the view of part of the project site, notably the area east of the MUNI substation that serves as a parking lot for assorted vehicles and a huge pile of eradicated, desiccated blackberry bushes and other trash." **Gilbert De La Mora, et al.**

Response 52

The commentor is correct that the Draft EIR does not identify the gap in the line of trees along the eastern site perimeter. Portions of the project site can be seen through the opening in these trees. In order to clarify the description of views of the project site from Dellbrook Avenue, the Draft EIR is hereby revised as follows:

[p. 3.3-8, third paragraph, fifth sentence] "Views from Dellbrook Avenue are generally blocked by homes along the roadway, ~~but trees along the eastern project site boundary buffer views toward the project site from behind the homes.~~ The trees along the eastern project site boundary buffer views of the project site from behind the homes; however, a gap in the line of trees affords a view of the existing bridge structure from the neighboring area east of the campus, as shown in Figure 3.3-4."

Figure 2.0-4, Proposed Site Plan, is intended to show the proposed site plan and not existing conditions. For this reason, the existing vegetation shown on Figure 2.0-4 is in error and has been removed from the proposed site plan. Please refer to Figure 2.0-4, Proposed Site Plan (Revised).

Light and Glare - Existing Conditions

Comment 53

"Lighting—We commend the EIR for sharing our concern about incidental light. The EIR should mention that Laguna Honda Hospital site is geographically midway between two major natural areas, the Mt. Sutro Open Space Preserve and Mt. Davidson Park. In its current condition, with large areas having minimal exterior lighting, the grounds of the Hospital serve as part of the flyway for some of the few remaining owl populations in San Francisco. The ravens, on the other hand are increasing in the City. Ravens out-compete owls in areas with night light." **Pinky Kushner**

Response 53

The commentor is correct that the project site receives minimal night lighting due to its location between Mount Sutro Open Space Preserve and Mount Davidson Park. Impacts to biological resources were scoped out of the EIR based on the Initial Study, which determined that the proposed project would not result in a significant impact to such resources (see **Appendix 1.0** of the Draft EIR). The biology section in the Initial Study does not address the potential for owls to forage on the project site. For this reason, the Draft EIR and the Initial Study have been revised to include the following statement for informational purposes only:

[p. 3.3-9, text added before the first paragraph] "Laguna Honda hospital is located in an urban surrounding. The majority of lighting sources in the area consist of residential homes, cars, and streetlights. The campus is located roughly midway between two open space areas, the Mount Sutro Open Space Preserve and Mount Davidson Park. These two areas, along with the project site, generate relatively minimal night lighting on a regional scale due to their associated areas of open space."

[p. 31 of the Initial Study, new text to follow the fourth full paragraph] "Laguna Honda hospital is located in an urban surrounding. The majority of lighting sources in the area consist of residential homes, cars, and streetlights. The campus is located roughly midway between two open space areas, the Mount Sutro Open Space Preserve and Mount Davidson Park. These two areas, along with the project site, generate relatively minimal night lighting on a regional scale due to their associated areas of open space."

As mentioned above, the project site includes open space areas that offer minimal night lighting. In addition, the open space area of the project site provides prey (e.g., rodents) for owls and other wildlife in the area. Although owl surveys have not been conducted, given the above, a potential exists for owls in the area to use the project site for foraging purposes during the nighttime.

Increased night lighting could potentially disrupt foraging behavior of owls in the project site. The project design would include low-profile, low intensity lighting directed downward to minimize light and glare. All lighting adjacent to the open space area would be downcast luminaries with light patterns directed away from the natural areas. Therefore, the proposed project would not result in any significant impacts related to owls."

Scenic View Obstruction or Impairment

Comment 54

"My second concern involves my parent's view. They purchased this home [32 Dellbrook Avenue] because it's view to the woods and country-like setting in the garden, where you currently see nothing except trees. I understand that three, seven story buildings are going to be constructed in front of their view. If these are visible from their home, it would be the case or if perhaps because of the different elevations of the land of LHH, these buildings will not be visible from my parent's home?" Yvonne Howard

"My concern is that the EIR does not divulge or does not inform people of many things about this particular project. It seems that first off there are going to be seven-story monster towers. They are going to be placed, in fact the institutional scale of things, they are going to be placed not in a valley but on top of the two hills behind this property. We understood originally that they were going to be in the valley. Instead they are on top of the hills, and they are then going to tower over our houses. We have a residential scale. There are two-story houses as a general rule in the area. These are monsters. They're going to be imposed on us. The physical plan, okay, is going to be huge. Looking down our streets, we're going to see these giant buildings over the top of our houses." **John Paul, Planning "Commission public hearing comments, January 10, 2002**

"We object to the proposed Zoning Map Amendment and General Plan Amendment given the character of the surrounding neighborhoods. Increased height, bulk and density would greatly detract from neighborhood views and contribute to an industrial look in a residential neighborhood of predominantly two-story single-family homes and green belts. Seven-story tower blocks must be distributed to no more than currently four-story structures." **Anne and Timothy Poirer**

Response 54

It is likely that the proposed buildings would be visible from the residence at 32 Dellbrook Avenue. Please refer to **Response 51** for a discussion of the relevance of private views to the visual quality analysis in an EIR. **Chapter 3.3** of the Draft EIR addresses project implications on the aesthetics and visual quality of the area. The visual quality analysis in the Draft EIR is based on specific significance thresholds (as defined on p. 3.3-9) to determine whether a project may have a significant effect on visual quality (please refer to **Response 51** above). Pursuant to *CEQA Guidelines*, the Draft EIR based its analysis and conclusions on factual data (e.g., project site plans, visual simulations, etc.).

Visual quality, by nature, is highly subjective and different viewers may have varying opinions as to whether the proposed project makes a positive or negative contribution to the visual landscape of the neighborhood. As such, although the project would include structures that are different in height than most of the structures in the surrounding neighborhood, there is nothing about the proposed height that would inherently result in a negative aesthetic effect. The commentator might consider Clarendon Hall East and West to be "monster towers," but the Draft EIR concludes that the new buildings would be constructed in an area that is already developed, and the heights of the new building would be similar to those of the existing buildings. The roof levels of the proposed buildings would range in elevation from about 560 feet to about 606 feet above mean sea level (msl), while the roof levels of the existing hospital buildings range in elevation from 579 feet to 649 feet above msl. (The references to roof elevations on p. 3.3-11 of the Draft EIR are in error, and have been corrected in **Chapter 5.0, Staff-Initiated Changes to the Draft EIR.**)

As part of the analysis, the Draft EIR provides information on views of the project site from the neighboring areas. As discussed in the Draft EIR, the project site is not visible from neighboring areas to the north and east and is only partially visible from neighboring areas to the south and west, due to the topography and buffer of trees along the project boundaries. Based on the visual simulations and the significance thresholds, a significant impact was determined associated with the construction of the Link Building. Because the scale of the new Link Building would contrast with the generally smaller, finer scale character of the areas seen from the Twin Peaks Park viewpoint, the proposed project would degrade or obstruct scenic views from a public area.

Implementation of the mitigation measures described on p. 4.0-1, **Chapter 4.0** of the Draft EIR would help to soften the appearance of the proposed Link Building and would lessen the prominence of this building as seen from Twin Peaks Park. Also, Mitigation Measure 1 requires landscaping the area east of the Link Building to screen views of the lower portion of the Link Building. Implementation of these mitigation measures would also help soften views of the project site from Dellbrook Avenue. In addition, a landscape buffer would be planted along the east side of the Clarendon Hill West and East Buildings to help screen the views of these buildings from the neighborhood to the east of the project site.

Shade and Shadow

Comment 55

"I wish to speak to just one item. The EIR report dealing with Clarendon Hill East building. That, as a previous speaker mentioned, is a seven-story building. In effect it's built 50 feet higher than anything on Olympia Way. Speaking specifically of my parish. I don't think the EIR speaks to the shadow effect of how that building may have a shadow upon my parish, my church, or what it will look like from Olympia Way and from the park across the street. If you will, it's the back side of the Laguna Honda Hospital project. My parish is 230 feet away from that building. That building will sit 50 feet higher than mine, my parish. We are worried about the shadow and the sights of that building." **Father Sarkis Petoyan, Planning Commission public hearing comments, January 10, 2002**

Response 55

Section 295 of the City Planning Code was adopted in response to Proposition K (passed in November 1984) in order to protect public open spaces from shadowing by new structures during the period one hour after sunrise and one hour before sunset, year-round. Section 295 restricts new shadow upon public open spaces under the jurisdiction of the Recreation and Park Department by any structure exceeding 40 feet unless the City Planning Commission finds the impact to be insignificant. The proposed project

would facilitate the construction of buildings over 40 feet in height and is therefore subject to Proposition K.

As discussed in the Initial Study, the San Francisco Planning Department prepared a shadow fan analysis for the proposed project, and on the basis of the shadow fan, concluded that potential impacts of the project on shadow would not be significant or adverse. A supplemental shadow analysis has been conducted to reflect the refined version of the project discussed in Section 5.0, **Staff-Initiated Changes to Draft EIR** of this document. A section has been added to the Draft EIR, Section 3.7 Shadow, which presents a detailed description of the shadow analysis and its results. Please refer to Section 5.0, **Staff-Initiated Changes to Draft EIR** of this document for a detailed discussion on the shadow analysis.

The San Francisco Planning Department reviewed the detailed shadow analysis prepared for the proposed project. The Planning Department concluded that the proposed project would not have significant or adverse shadow impacts on adjacent public areas. In addition, the results of the study indicated the proposed Clarendon Hill West and East Buildings would cast shadows toward the northeast during approximately two months of the winter (during the late afternoons). Given the time of day and period of year, the shadow is unlikely to disturb people using the church. The Draft EIR does not include an analysis related to shadow impacts to private properties (such as the church) because private properties are not protected under Section 295 and therefore shadow on the church is not considered an issue under CEQA. Public input regarding the merits of the proposed project may be considered independently of the environmental review process by the Planning Commission at the public hearing on the project approvals, including the Planning Code exceptions pursuant to Planning Code Section 309.

Tree Removal

Comment 56

"The precise extent of tree removal should be determined and mitigation in the form of replacement planting should be considered. A site survey should indicate all trees to be removed and all trees to be preserved. Without such a plan the analysis of the tree removal provided in the Draft EIR is meaningless." **Harold Wright**

Response 56

Tree removal is discussed in two different parts of the Draft EIR. **Appendix 1.0, Laguna Honda Hospital Replacement Initial Study, Notice of Preparation, and Responses**, provides a discussion of the potential

biological impact the project may have with tree removal. Tree removal, in the context of significant changes to the visual character of the project site, is also discussed in **Chapter 3.3** of the Draft EIR.

For the purposes of an EIR, biological impacts associated with the removal of trees are related to the diminishing of habitat for special status species and/or the elimination of a wildlife movement corridor. The analysis in the Initial Study was based a field survey conducted on May 23, 2000 by Impact Sciences and on a January 1994 biological scoping study conducted by Leitner, Arnold and Renshaw. As discussed in the Initial Study, special status species do not utilize the trees that would be removed as part of the proposed project and, therefore, their removal would not be considered a significant impact to biological resources. In addition, the hospital campus is not considered a wildlife movement corridor since it is not biologically connected to other habitat.

Tree removal is also discussed in **Chapter 3.3** of the Draft EIR, which evaluates whether tree removal would result in a change in the visual character of the surrounding areas. As stated in the Draft EIR on p. 3.3-12, because the majority of trees to be removed are located in the project's interior and not along the project boundaries (which are visible to the neighboring areas), visual impacts due to tree removal would be less than significant. Please refer to **Chapter 3.3, Section D2., Tree Removal**, for a more thorough discussion of this issue.

Given the above, a tree survey and/or arborist report was not necessary to determine impacts to biological resources and visual quality. Because no significant impacts with regard to tree removal would occur, no mitigation measures would be required. However, as part of the landscaping plans for the proposed project, trees would be planted at a 2:1 ratio to those removed. Replacement trees would consist of drought-tolerant native and mediterranean trees and replacement trees would increase the diversity of trees relative to existing conditions.

3.4 CONSTRUCTION NOISE

On-Site Construction Noise

Comment 57

"Table 3.4-4 (p. 3.4-11) and Table 4.0-1 (p. 4.0-4) show in their respective sections for Phase Three-B (G-H), in the column for Receptor Location, the distance of 250 feet between the closest residential receptor on Dellbrook Avenue and the construction site, evidently the north end of Wing O scheduled for demolition.

Conversely, in the column for Actual Distance, that distance is given as 475 feet, which appears to be based on the distance between those receptors and (not Wing O but) the to-be-built Assisted Living Facility.

Impact Equipment and Trucks (and possibly other noise generating equipment) would be involved in the demolition of Wing O. Therefore, the Actual Distance between these noise sources and the receptors on Dellbrook Avenue is 250 feet. Consequently, the Distance Adjustments should be -14 dBA, rather than -20 dBA, leading to the following needed corrections of dBA values:

Adjusted Leq – Trucks : 77 (Instead of 71)

Adjusted Leq – Impact Equipment : 74 (instead of 68)

Mitigated Leq – Trucks (a) : 61 (instead of 55)

Mitigated Leq – Impact Equipment (a) : 66 (Instead of 60)

(a): Table 4.0-1 only

Given that the highest estimated unmitigated noise level generated by trucks (77 dBA) would come critically close to the Speech Interference Criterion of 80 dBA, the results of the claimed effectiveness of the attenuation devices to be used will need to be rigorously monitored. If requested, these results need to be made available to concerned homeowners." Gilbert De La Mora, *et al.*

Response 57

Although the commentor references Table 3.4-4, on p. 3.4-11 of the Draft EIR, the distances cited by the commentor are from Table 3.4-3 on p. 3.4-10, which pertains to Dellbrook Avenue residents. The commentor is correct that the distances cited in the Actual Distance column should be 250 feet. Tables 3.4-3 and 4.0-1 on pages 3.4-10 and 4.0-4, respectively in the Draft EIR have been revised to reflect the 250-foot distance (see Tables 3.4-3 and 4.0-1 [Revised]).

As seen on the revised Tables 3.4-3 and 4.0-1, the maximum noise levels in the Dellbrook Avenue vicinity are still considered less than significant because they would not exceed the 80 dBA speech interference criterion. Noise levels would be similar to those that are estimated for the Dellbrook neighborhood during Phase Two. To reflect the revised Table 3.4-3, the Draft EIR is hereby revised as follows:

[p. 3.4-19, second paragraph, 4th sentence] "Maximum construction noise levels are estimated to reach 66 67 to 77 dBA (leq) in the Dellbrook Avenue vicinity, which would be noticeable (increasing ambient noise levels at times by 5 dBA or more), but would not exceed the 80-dBA speech interference criterion (Table 3.4-3)."

Table 3.4-3 (Revised)
Maximum Construction Noise Levels at Closest Residential Receptors on Dellbrook Avenue

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adjusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?
Residents on Dellbrook (Closest Residential Receptors at 350 Feet to the East)	Phase One (A-C) Construct	Earthmoving Equipment	85	350	-17	68	54	Yes	80	No
	Various Utilities	Trucks	85	80 (4)	-4	81	54	Yes	80	Yes
	Materials Handling	Materials	91	350	-17	74	54	Yes	80	No
	Demolish	Materials	85	540	-21	64	54	Yes	80	No
	Central Campus Building	Stationary Equipment	81	350	-17	64	54	Yes	80	No
Residents on Dellbrook (Closest Residential Receptors at 300 Feet to the East)	Impact Equipment	Impact Equipment	88	350	-17	71	54	Yes	80	No
	Earthmoving Equipment	Earthmoving Equipment	85	300	-16	69	54	Yes	80	No
	Trucks	Trucks	91	250	-14	77	54	Yes	80	No
	Materials Handling	Materials	85	300	-16	69	54	Yes	80	No
	Stationary Equipment	Stationary Equipment	81	300	-16	65	54	Yes	80	No
Residents on Dellbrook (Closest Residential Receptors at 750 Feet to the East)	Impact Equipment	Impact Equipment	88	300	-16	72	54	Yes	80	No
	Earthmoving Equipment	Earthmoving Equipment	85	750	-24	61	54	Yes	80	No
	Trucks	Trucks	91	750	-24	67	54	Yes	80	No
	Materials Handling	Materials	85	750	-24	61	54	Yes	80	No
	Stationary Equipment	Stationary Equipment	81	750	-24	57	54	Yes	80	No
Residents on Dellbrook (Closest Residential Receptors at 250 Feet to the East)	Impact Equipment	Impact Equipment	88	750	-24	64	54	Yes	80	No
	Earthmoving Equipment	Earthmoving Equipment	85	250	-14	71	54	Yes	80	No
	Pavers	Pavers	89	250	-14	75	54	Yes	80	No
	Trucks	Trucks	91	250	-14	77	54	Yes	80	No
	Materials Handling	Materials	85	250	-14	71	54	Yes	80	No
Residents on Dellbrook (Closest Residential Receptors at 250 Feet to the East)	Later Phase Construct	Stationary Equipment	81	250	-14	67	54	Yes	80	No
	Assisted Living Facility	Impact Equipment	88	250	-14	74	54	Yes	80	No
	Demolish Existing Hospital Wings, Construct Parking Lots	Materials Handling	85	250	-14	71	54	Yes	80	No
	Later Phase Construct	Stationary Equipment	81	250	-14	67	54	Yes	80	No
	Assisted Living Facility	Impact Equipment	88	250	-14	74	54	Yes	80	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.
(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.
(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.
(4) This distance is specifically listed to differentiate noise impacts from construction of the interim electrical facility, and new fueling station, and new satellite dish, which would be located closer to this receptor than other facilities under Phase 1.

Table 4.0-1 (Revised)
Maximum Construction Noise Levels at Closest Residential Receptors on Dellbrook Avenue with and without Noise Controls

Receptor Location	Construction Phase	Maximum Noise Source	Reference Hourly Leq in dBA at 50 Feet (1)	Actual Distance in Feet (2)	Distance Adjustment in dBA	Adjusted Leq in dBA	Daytime Ambient in dBA (3)	Adjusted Leq Increases Ambient by 5 dBA or more?	Exterior Speech Interference (ESI) Criterion in dBA	Adjusted Leq Exceeds ESI Criterion?	Noise Control Adjustments (4)	Mitigated Leq in dBA	Mitigated Leq Increases Ambient by 5 dBA or more?	Mitigated Leq Exceeds ESI Criterion?
Residents on Dellbrook (Closest Residential Receptors at 350 Feet to the East)	Phase One (A-C) Construct	Earthmoving Equipment	85	350	-17	68	54	Yes	80	No	-10	58	Yes	No
	Various Utilities	Trucks	85	80 (5)	-4	81	54	Yes	80	Yes	-10	71	Yes	No
	Materials Handling	Materials	85	540	-21	64	54	Yes	80	No	-10	54	No	No
	Central Campus Building	Stationary Equipment	81	350	-17	64	54	Yes	80	No	-6	58	Yes	No
	Impact	Equipment	88	350	-17	71	54	Yes	80	No	-8	63	Yes	No
Residents on Dellbrook (Closest Residential Receptors at 300 Feet to the East)	Phase Two (D) Construct	Earthmoving Equipment	85	300	-16	69	54	Yes	80	No	-10	59	Yes	No
	Greenhouse, Clarendon Hill East, & Link Buildings	Trucks	91	250	-14	77	54	Yes	80	No	-16	61	Yes	No
	Materials Handling	Materials	85	300	-16	69	54	Yes	80	No	-10	59	Yes	No
	Stationary Equipment	Stationary Equipment	81	300	-16	65	54	Yes	80	No	-6	59	Yes	No
	Impact	Equipment	88	300	-16	72	54	Yes	80	No	-8	64	Yes	No
Residents on Dellbrook (Closest Residential Receptors at 750 Feet to the East)	Phase Three-A (E-F) Demolish	Earthmoving Equipment	85	750	-24	61	54	Yes	80	No	-10	51	No	No
	Clarendon Hall & Construct	Trucks	91	750	-24	67	54	Yes	80	No	-16	51	No	No
	Materials Handling	Materials	85	750	-24	61	54	Yes	80	No	-10	51	No	No
	Stationary Equipment	Stationary Equipment	81	750	-24	57	54	Yes	80	No	-6	51	No	No
	Impact	Equipment	88	750	-24	64	54	Yes	80	No	-8	56	No	No
Residents on Dellbrook (Closest Residential Receptors at 250 Feet to the East)	Phase Three-B (G-H) Demolish	Earthmoving Equipment	85	250	-14	71	54	Yes	80	No	-10	61	Yes	No
	Existing Hospital Wings, Construct	Pavers	89	250	-14	75	54	Yes	80	No	-9	66	Yes	No
	Parking Lots	Trucks	91	250	-14	77	54	Yes	80	No	-16	61	Yes	No
	Later Phase Construct	Materials Handling	85	250	-14	71	54	Yes	80	No	-10	61	Yes	No
	Assisted Living Facility	Stationary Equipment	81	250	-14	67	54	Yes	80	No	-6	61	Yes	No
		Impact	88	250	-14	74	54	Yes	80	No	-8	66	Yes	No

Notes: (1) Reference noise levels represent the highest noise levels by equipment type (without use of feasible noise controls) listed in Table 3.4-2 at 50 feet.

(2) The distances listed under "Actual Distance" represent the minimum distances between the closest receptors and facility construction site boundaries by phase.

(3) The daytime ambient noise level represents the daytime Leq noise level estimated based on on-site noise measurements collected as part of this study.

(4) Noise control adjustments represent the difference in the noise levels with the use of feasible noise controls.

(5) This distance is specifically listed to differentiate noise impacts from construction of the interim electrical facility, and new fueling station, and new satellite dish, which would be located closer to this receptor than other facilities under Phase 1.

Mitigation Measure B-8 on p. 4.0-3 of the Draft EIR specifies that the construction contractor will be required to provide a designated complaint coordinator, who will be responsible for responding to noise complaints during the construction phase. The complaint coordinator will take steps to resolve complaints, including periodic noise monitoring, if necessary, to ensure that noise impact significance thresholds are not exceeded by project construction activities. Results from the noise monitoring will be made available to the homeowners upon request. Also, please see Responses 71 and 73 for a discussion of how implementation of mitigation measures are monitored through the Mitigation Monitoring Program.

Comment 58

"I am very concerned about the construction noise during the upcoming renovation of Laguna Honda Hospital. My parents are retired and are at home [32 Dellbrook Avenue] all day every day. They sleep until 9 or 10 a.m. and spend a lot of time in their garden. I am concerned that they will spend their final days being awakened every morning at 7 a.m. by the noise of the construction and that their home and garden will no longer be a tranquil space for them.

I attended a meeting of the LHH Replacement Project Team last night at Laguna Honda Hospital and was told that the construction noise would have 'NO impact outside of the area of the hospital.' This does not seem possible to me and I am concerned that the residents might have just been told what they wanted to hear. I want to be certain that the construction noise will not awaken my parents or disturb them during the day, as the duration of this project, 12 years, is a very long time to live under these circumstances. I would like some assurance about this before the project begins, rather than problems after.

I have spoken to some experts in this regard and have been told that some of the noise could be alleviated by installing insulation in the rear of the house and double pane windows and suggest that you consider doing this for those residents on the perimeter of LHH. I would also ask that you delay doing anything that could be noisy until 9 a.m. rather than 7 a.m." Yvonne Howard

"Noise levels are unacceptable for Midtown Terrace neighbors." Anne and Timothy Poirier

Response 58

Construction-related noise impacts to residents along Dellbrook Avenue are assessed in Chapter 3.4, Construction Noise, of the Draft EIR. The Draft EIR uses significance criteria as an established threshold to identify significant impacts related to noise. Although significant impacts were not identified during some construction phases of the project, some persons in proximity to the project site could consider any level of construction-related noise to be a nuisance. An increase of noise, even below threshold levels, could result in an inconvenience to some people. To indicate the degree of impact associated with

projected construction-related noise increases, the Draft EIR identifies increases in ambient noise levels of 5 dBA or more. Although not applied as a significance criterion, this measure shows when increases in noise levels would be noticeable to most people and perhaps a nuisance to some (see p. 3.4-7 of the Draft EIR). However, where the Draft EIR does not identify a significant impact, the adverse effects do not reach the level of "significance," according to the established thresholds.

As stated in Chapter 3.4, the most significant noise impacts to the residents of Dellbrook Avenue would occur during Phase One, which would primarily involve the construction of proposed utilities. Utility construction would occur over a one-year period, but the length of construction would be shorter at each facility location. An interim electrical facility is proposed to be constructed approximately 80 to 100 feet from residents on Dellbrook Avenue. Construction of these facilities would occur over a ten-month period and construction of each facility would affect different receptors along Dellbrook Avenue. Earthmoving activities associated with site preparation at each of these facilities would generate the highest noise levels (81 dBA) (see Table 3.4-3 on p. 3.4-10 of the Draft EIR), which would be noticeable since they would periodically increase ambient noise levels by more than 5 dBA. Site preparation for these facilities would be completed in three or four intermittent two-day periods over the ten-month period. Construction of each facility would only affect any one receptor along Dellbrook Avenue for no more than approximately two to four days and projected maximum noise levels would exceed the speech interference criterion by 1 dBA.

Nonetheless, the Draft EIR acknowledges that these noise levels constitute a significant impact. Mitigation measures recommended in Chapter 4.0 of the Draft EIR would reduce predicted noise impacts to a less-than-significant level. In addition, following mitigation measure has been added to the Draft EIR:

[p. 4.0-3, new number 9] "9. The project sponsor shall delay usage of heavy impact equipment such as jackhammers to 8:00 AM."

It is not feasible to delay the start of construction activities until 9:00 AM since that would push the end of the construction day to 5:30 PM which, during late fall and winter, would be after dark.

Also, as shown in Table 3.4-3 on p. 3.4-10 of the Draft EIR, construction noise levels at the residences along Dellbrook Avenue would be substantially lower during the remainder of the proposed eight-year construction period and would not exceed the speech 80 dBA interference criterion. Although construction noise levels would exceed the ambient noise levels by 5 dBA or more, which would result in a noticeable noise increase, the impacts would be less than significant. The impacts would be reduced with implementation of the mitigation measures stated on p. 4.0-2 to p. 4.0-3 of the Draft EIR.

Comment 59

"The construction staging and parking area—with attendant generator, work and traffic noise—within feet of the backyards of the 000-100 block of Dellbrook must be moved to a less intrusive area." **Anne and Timothy Poirier**

"I found out last night, which particularly concerns me, that there is a temporary power plant that is planned to be put essentially in my backyard. It could not be closer to the property lines of the Dellbrook Avenue corner properties. And it is not included in the environmental impact report at all because it is only a temporary facility. However 'temporary' on a 10-year construction project means it will be there until my children are in college. That is not, to me, 'temporary.'" **Deborah Wald, Planning Commission public hearing comments, January 10, 2002**

Response 59

During project construction, an emergency generator (temporary power plant) is proposed to be located approximately 110 feet southwest of the nearest property line on Dellbrook Avenue (please see revised project phasing plans, Phase B, in **Appendix 2.0-2** of the EIR, included in **Chapter 5.0**, of this comments and responses document). However, this generator would only operate under emergency conditions, such as power failures. Regular operation of this generator would be limited to a 30-minute test once a week in accordance with State requirements. Because of new switching equipment that would be ordered with the generators, the timing of when the test would occur would be flexible and would be done at the time of day that is least disruptive to the adjacent Dellbrook Avenue neighborhood. For example, a loud siren is heard every Tuesday at noon. This may be a good time for the hospital to test the emergency generator. If the generator is located 110 feet from the nearest property line, the generator noise would reach 55 dBA at the property line and would be slightly higher than the existing 54 dBA (Leq) daytime ambient noise level in this neighborhood. Based on the projected noise level, a 30-minute test once per week would not increase daytime ambient noise levels. Under emergency conditions, the degree of impact would depend on the time of day the generator is operated and duration of operation, since ambient noise levels are lower at night than during the day. It should also be noted that the existing emergency generator is currently tested once per week before 7:00 AM. No large construction-related trucks would enter this area, only construction worker vehicles.

Comment 60

"Hours of operation for demolition and exterior construction should be limited to Monday to Friday from 8 AM to 5 PM to decrease the proposed intolerable noise levels to a reasonable timeframe." **Anne and Timothy Poirier**

Response 60

The San Francisco Noise Ordinance specifies that construction hours shall be limited to between 7:00 AM and 8:00 PM. The hours of construction for the proposed project would be between 7:00 AM and 3:30 PM and, therefore, would comply with the Noise Ordinance. However, the project sponsor has agreed to delay the usage of heavy impact equipment such as jackhammers to 8:00 AM (refer to Response 58). As a consequence, those shifts would end at 4:30 PM.

Comment 61

"Therefore I believe that there are a number of similar situations that need to be addressed regarding noise, regarding the amount of dust and debris that will be created in our neighborhood, the impact on the green space around our homes." Deborah Wald, Planning Commission public hearing comments, January 10, 2002

Response 61

Please refer to Response 1 for a discussion of construction-related impacts on open space areas; Responses 13 and 14 for a discussion of public access to open space areas during construction; Response 64 for a discussion of cumulative construction-related noise impacts; and Response 83 for a discussion of construction-related air quality impacts.

Off-site Construction Traffic Noise**Comment 62**

"p. 3.4-21 D(2) Off-site Construction Traffic Noise – This section states 'Although cut and fills would be balanced on site, trucks would need to haul building materials to the campus'. The text does not address the potential need for trucks to cycle off-site due to limitations of internal site access roads. The Draft EIR should therefore stipulate project requirement that all grading and other operations involving the cycling of trucks, will limit truck and vehicles movements to on-site routes. No off-site cycling of trucks or vehicles will be allowed." Eileen Fanelli

Response 62

Construction trucks moving equipment and construction materials within the project site will be limited to the confines of the site. The project sponsor will develop a traffic plan later in the project's planning

process that will detail the routing of large trucks through the campus during project construction. Please see **Response 48** for a discussion of the on-site cycling of trucks.

Operational Noise

Comment 63

"Noise—As is well documented in the draft EIR, Laguna Honda Hospital is surrounded on two sides by residential neighborhoods. Noise is a pollutant of every city. While the EIR discusses construction noise, it does not fully discuss building noise. The EIR should include an analysis of the existing noise sources on the site, with a commitment not to increase noise levels and if possible decrease noise in the future buildings. This is especially important since the newly constructed buildings will not doubt have 'climate control.'" **Pinky Kushner**

"The operational noise, it's going to make a bowl. If you look at the shape of the way this is going to be built, it focuses all the noise from generators, from any vehicles that drive, will be reflected off the faces of the buildings towards the hill. The sound also rises, which means it's going to go right in the back of our houses as it does now." **John Paul, Planning Commission public hearing comments, January 10, 2002**

"As far as the other environmental impacts here, as far as being a good neighbor, the noise that they generate presently, they admitted last night that the generators do not muffle the noises presently but the new ones will. I disagree. I don't think they will. They also have a steam plant, the pressure blow offs which will be done on a regular basis. The noise -- in fact one gentleman admitted that he has double-insulated windows on the back of his house and they go right through the double-insulated windows. The gentleman is also hard of hearing." **John Paul, Planning Commission public hearing comments, January 10, 2002**

Response 63

Operational noise impacts were evaluated in the Initial Study (**Appendix 1.0** of the Draft EIR) and were found to be less than significant. The commentor is correct in that the project would include "climate control" equipment. As disclosed on p. 22 of the Initial Study, the project would include mechanical equipment, such as air conditioning units and chillers, which could produce operational noise. However, these operations would be subject to the San Francisco Noise Ordinance, Article 29 of the San Francisco Police Code. Code compliance would ensure that proposed building equipment would not result in substantial increases in ambient noise levels. This also applies to operation of the proposed interim electrical facility.

Regarding the "bowl" effect of concern to the commentor, the existing noise environment is influenced primarily by the local topography as well as the existing locations of noise sources. Sound waves spread spherically in the air from a noise source, decreasing with distance. The rate of attenuation depends upon source configuration and source-emission characteristics. On city streets, noise levels decrease at a rate of approximately six decibels per doubling of distance. This rate applies to noise traveling vertically (upward) as well as noise traveling horizontally over land. In addition to reductions due to distance, sound levels are further attenuated when sound paths lie close to vegetation-covered ground. Attenuation can be as much as five decibels over several hundred feet.

Existing topography will influence the future noise environment, just as it has influenced the existing noise environment. Noise attenuation rates could also be influenced by the reflection effects of buildings. Shielding effects of topography have been accounted for in Tables 3.4-3 through 3.4-8 in the Draft EIR; such effects are accounted for in the applicable tables as "Barrier Adjustment." The effect of noise reflection off building surfaces will vary with the orientation of the building façade relative to the location of the noise source and receiver. Given the variable nature of local topography, building orientations, and noise reduction and reflection effects on the project site, potential noise level changes would vary from one location to another. However, given that the proposed project would not result in a different use of the site, operational noise levels from the proposed project would be similar to the existing noise levels.

Future noise from solid waste collection is expected to be similar to existing conditions. Also, it was determined that noise levels associated with materials handling at loading docks would not be substantially above ambient noise levels. Therefore, all operational noise impacts are expected to be less than significant and not substantially different than present conditions.

Cumulative Impacts

Comment 64

"Therefore I'm very very concerned about the actual construction process and the impact it's going to have on the quality of life of my family and my neighbors, all of whom are homeowners in that neighborhood. As I'm sure you all know, the neighborhood did support Laguna Honda Hospital, the project to rebuild Laguna Honda Hospital, and we come here in a spirit of wanting to work together. However we have some grave concerns about the noise issues and particularly want to make sure that they are being addressed with regard to the YGC construction and the reservoir construction. We have three major construction projects going on in a quite small residential neighborhood simultaneously, and

I have not heard the cumulative impact of those three projects happening simultaneously addressed anywhere." Deborah Wald, Planning Commission public hearing comments, January 10, 2002

Response 64

Cumulative noise impacts associated with construction of the proposed project and the Youth Guidance Center Juvenile Hall Replacement project are discussed in Section 3.4.E, Construction Noise, Cumulative Impacts (p. 3.4-22 of the Draft EIR). That discussion, however, did not include the Sutro Reservoir and Pipeline project. As indicated below, there would still be no significant cumulative noise impacts associated with the overlap in construction of the Laguna Honda Hospital Replacement project, the Youth Guidance Center Juvenile Hall Replacement project, and the Sutro Reservoir and Pipeline project. The cumulative noise impact discussion in the Draft EIR is hereby revised as follows:

[p. 3.4-22, third paragraph] "Cumulative construction noise impacts could ~~occur~~ result if another project occurs construction of other projects occurs in the vicinity of the Laguna Honda hospital at the same time. Two projects in the project vicinity with construction activities that would overlap with proposed project construction are the Youth Guidance Center (YGC) Juvenile Hall Reconstruction Project is located (located immediately southeast of the project site) and the Sutro Reservoir and Pipeline Project (located north of the site)."

[p. 3.4-23, added after last paragraph] "With respect to the Sutro Reservoir and Pipeline Project, reservoir improvements are scheduled to occur from March 2002 to September 2003. Reservoir improvements would include installing new dedicated reservoir inlet piping, repairing reservoir roof and joists, cleaning, and miscellaneous improvements. Most activities would be confined to the reservoir site, which is located at the northeast corner of Clarendon Avenue and Olympia Way. The pipeline project consists of the third and final phase of construction of the Sutro Reservoir inlet pipeline. Construction will occur from Sloat Boulevard (at 23rd Avenue) to Dewey Boulevard (southwest of the Laguna Honda hospital property), where it will connect to the pipeline already constructed during phases I and II. Therefore, no additional pipeline construction will occur in the immediate project vicinity along Laguna Honda Boulevard, Clarendon Avenue, or Olympia Way.

Reservoir improvements would overlap with Phase One of the proposed project, which is scheduled for completion by Fall 2003. Phase One of the proposed project would involve utility construction on the project site, with the noisier activities limited to three or four two-day periods. Phase One utility construction on the project site would primarily affect Dellbrook Avenue residents and hospital receptors, while reservoir improvements would primarily affect the Clarendon Avenue/Olympia Way residents. Topography and

distance would help reduce reservoir construction noise at the Dellbrook residents most affected by project construction. However, cumulative noise increases could result if any construction activities occur on the exterior of the reservoir during the three or four two-day periods when project utility construction also would occur. The short timeframe (a total of six to eight days) and short duration of each utility project (two days) would minimize the potential for significant cumulative noise impacts on the Dellbrook Avenue residents due to these two projects. Therefore, the project would not result in any significant cumulative noise impacts.

Although Phase Two of the proposed project and reservoir improvements would both affect the Clarendon Avenue/Olympia Way neighborhood, these two construction phases would not occur at the same time. Therefore, cumulative construction noise impacts on this neighborhood due to these two projects would not be anticipated. The Sutro Reservoir and Pipeline project would occur at the same time as Phase One of the YGC project. Since existing topography would isolate the two construction projects from each other, each project would affect different receptors. Therefore, cumulative noise impacts on any particular receptor would not be anticipated."

Note: After certification of the Final EIR, the discussion on pp. 3.4-22 and 3.4-23 of the Draft EIR was revised to be consistent with the discussion of cumulative transportation impacts (see p. 3.2-27 of the Draft EIR, as revised).

3.5 HISTORIC ARCHITECTURAL RESOURCES

Evaluation of Historical Significance

Comment 65

"3.5 Historic Architectural Resources – The Landmarks Board concurs that the Laguna Honda complex is eligible for the National Register of Historic Places as an historic district under Criterion A, and that the Main Hospital Building and Clarendon Hall are individually eligible for listing under Criterion C." Tim Kelley

Response 65

The Landmarks Board's comment that the Laguna Honda complex is eligible for the National Register of Historic Places as an historic district is acknowledged.

Impacts of the Proposed Project

Comment 66

"We believe the historic architectural significance of the current buildings should be considered and preserved. Redevelopment and seismic upgrades should be within current historic building structures."

Anne and Timothy Poirier

Response 66

As described on p. 6.0-1 of the Draft EIR, under subsection A1., **Alternatives Considered But Not Brought Forward for Detailed Analysis**, the preservation of the Main Hospital Building and Clarendon Hall was considered. As stated on p. 6.0-2 and p. 6.0-3 of the Draft EIR, the Office of Statewide Health Planning and Development (OSHPD) is responsible for overseeing all aspects of hospital construction in California, including remodeling and retrofitting existing buildings. OSHPD requires documentation and inspection during construction of compliant buildings. Since construction records are not available for the Main Hospital Building and Clarendon Hall, destructive testing would be required to verify that the buildings were completed in exact conformance with the blueprints. This requirement makes remodeling the existing buildings for skilled nursing use extremely expensive and therefore infeasible.

As described in **Chapter 6.0, Alternatives to the Proposed Project**, all three alternatives analyzed in detail include partial preservation of the historical buildings. Alternative One would retain and rehabilitate Clarendon Hall as an assisted living facility and would retain and rehabilitate portions of the Main Hospital Building, including Wings A, B, C and H, for administrative purposes. Alternative Two would retain and rehabilitate portions of Wings A, B, C and H of the Main Hospital Building for administrative use, and Wings D, E and K and portions of Wings F, G and L as an assisted living facility. Alternative Three would retain and rehabilitate portions of Wings A, B, C and H of the Main Hospital Building for administrative use, and retain and rehabilitate Wings K and M and portions of L and O of the Main Hospital for use as an assisted living facility and childcare facility.

3.6 HAZARDS

Soil and Groundwater Contamination

Comment 67

"The dump site in the northern part of the Open Space area, referred to under item 4.2, above, is located outside the limits of construction. Therefore, it is not included in the area proposed for Hazard

Mitigation Measures per Section 4-D (p. 4/0-11) which limits such measures to '...areas...subject to ground disturbance during site development activities...' The area of that dump site, as well as any other areas on the campus-whether inside or outside the construction perimeter-which are known or suspected to have been contaminated need to be added to the list of areas to be sampled." Gilbert De La Mora, *et al.*

"The abandoned garbage dump to the north—including broken glass, rusted metals, and medical waste—must be evaluated and cleaned up. This is a dangerous area for the public, yet a public trail passes right through the middle of it. Remediation of soil and water quality might be necessary." Anne and Timothy Poirier

"The rubble dump behind the 000 block of Dellbrook should be restored to meadow for public use as quickly as possible." Anne and Timothy Poirier

"There is an existing medical waste dump on the Laguna Honda site that has not been mentioned in the Draft EIR. The dumpsite appears to be old and is partially covered with blackberry vines. A site inspection will show large fields of glass bottles, medicine bottles, bedpans, and a tremendous assortment of related hospital waste. The dump is extensive and appears in some places to be very deep. The dump is spread out from the top of the hill that borders the Clarendon Hills West, the Clarendon Hills East building and continues along the Clarendon West parking lot (see diagram). The dump continues down into the valley located between Clarendon Avenue and Clarendon Hill and goes into a dry riverbed.

The Draft EIR is incorrect when it states on p. 3.6-8 'Furthermore, there are no past, present, or reasonably foreseeable future projects in the project vicinity that are anticipated to result in impacts associated with hazardous building materials or soil and groundwater contamination that could affect the project site.' The existing medical waste dump adjacent to the project could easily have a cumulative impact on hazardous building materials, soil and groundwater contamination. The EIR must consider the environmental hazards represented by the old medical waste dump.

The medical waste dump must be subject to the same mitigation rules that govern the entire Laguna Honda site for the following reasons:

Although boundary modifications between the 80-D and open spaces districts have not been determined, I believe that at least part of the old medical dump will fall inside the project boundaries.

Some of the aggregate from demolished buildings will probably come into contact with the medical dumpsite.

As the EIR states in Section 3.6-7-E4, 'There is also a possibility of encountering contamination in areas not previously suspected to be contaminate. Disturbance of contaminated areas could expose

construction workers, employees, residents, or visitors to these substances, which could result in adverse health effects if exposure were of sufficient quantities.'

Good sense dictates that public 'open spaces' should not be left in a contaminated state. What good is 'open space' that the public cannot visit or use safely?" **George Wooding**

Response 67

The commentor is correct in that the Draft EIR does not mention the debris area in the northern portion of the campus (the area referred to by the commentors). Although this debris pile is within the property boundary, it is not within the limits of construction and not within the "project area." Implementation of the proposed project would not result in indirect impacts to construction workers and future users of the project associated with the debris pile.

The debris on the northern portion of the campus is currently being removed as a separate action. Soils in this area were sampled to determine if the soil is contaminated by the contents of the debris that were deposited there. Analyses were performed for volatile organics, semi-volatile organics, organochlorine pesticides, and the California list metals. All but the metals were below detectable levels, and all the metals were well below the California standards for determination of hazardous waste. Although chromium was detected at more than 10 times the Soluble Threshold Limit Concentration, the concentration is within the normal range found in native soil of this area. The findings of the letter report, dated February 7, 2002, by the City and County of San Francisco, Department of Public Health, Occupational and Environmental Health, indicate that the soils on the campus are not contaminated. The Department of Public Health, Occupational and Environmental Health, reviewed the letter report prepared on the soil analysis and concurred with the findings.

Chapter 3.6, Hazards, of the Draft EIR addresses the potential impacts associated with hazardous building materials, hazardous materials use and storage, hazardous waste generation and storage, and soil and groundwater contamination that may result from implementation of the proposed project. The Draft EIR determined that asbestos-containing materials are present on site and lead-based paint is likely to be present. Site records indicate the potential former presence of up to three incinerators. Hazardous materials releases may have occurred in the vicinity of the incinerators. Historical and existing underground storage tank locations were identified that may be sources of potential contamination. For this reason, the project sponsor has agreed to include mitigation measures to prevent the exposure of contaminated soil to construction workers, employees, residents, or visitors (as stated on p. 4.0-11 of the Draft EIR). These measures include the conducting of a Phase II Assessment, if necessary, to ensure that all areas of suspected surface and subsurface contamination subject to ground disturbance during site development activities are sampled. If contamination is detected in the sampling, the contaminated area would be remediated in accordance with the standards, regulations, and determinations of local, state, and federal regulatory agencies. In addition, a Site Health and Safety Plan would be prepared prior to

remediation pursuant to California Division of Occupational Safety and Health (Cal-OSHA) requirements and National Institute for Occupational Safety and Health guidance to ensure worker safety. The project sponsor has also agreed to coordinate with the San Francisco Department of Public Health's Local Oversight Program if underground storage tanks are discovered during ground-disturbing activities. Lastly, all reports and plans prepared in accordance with the above measures and the measures identified in Chapter 4.0, Section D., Hazards, would be provided to the San Francisco Department of Public Health and any other appropriate agencies identified by the Department of Public Health.

Comment 68

"p. 1.0-8: B6 Hazards: The text indicates that soil contamination has been identified on site. Where is it relative to proposed building footprints and construction areas?" Eileen Fanelli

Response 68

As stated in Section 3.6, Hazards, on p. 3.6-7 of the Draft EIR, suspected areas of soil contamination are those areas where the two outside incinerators and the former underground storage tanks (USTs) were located. One of the former incinerators was located to the east of the proposed Link Building and south of the proposed childcare playground. The other outdoor incinerator was located to the east of the proposed new Clarendon Hill East Building. Most of the former USTs were located between the proposed new Link Building, the proposed new greenhouse, and the childcare playground. The existing USTs are also in this vicinity of the project site.

Comment 69

"The Department of Toxic Substances Control (DTSC) is in receipt of the environmental document identified above. Based on a preliminary review of this document, we have determined that additional review by our regional office will be required to fully assess any potential hazardous waste related impacts from the proposed project. The regional office and contact person listed below will be responsible for the review of this document in DTSC's role as a Responsible Agency under CEQA and for providing any necessary comments to your office:

Barbara Cook
 Site Mitigation Branch
 700 Heinz Avenue, Suite 200
 Berkeley, California 94710

If you have any questions concerning DTSC's involvement in the review of this environmental document, please contact the regional office contact person identified above." Guenther W. Moskat

Response 69

The City and County of San Francisco Planning Department contacted Barbara Cook to determine whether DTSC would be providing additional comments. Ms. Cook responded that DTSC had no further comments on the Draft EIR.¹¹

CUMULATIVE IMPACTS

Comment 70

"And as I said, I'm very concerned about -- I don't see an analysis anywhere of how this project will interplay with the YGC and reservoir project in terms of noise level; in terms of traffic; in terms of, as I say, dust and debris. I know that there's substantial hazardous waste on the site, in terms of like paint and in terms of asbestos; and how our neighborhood will be protected from this level of construction all around us is a grave concern to me." Deborah Wald, Planning Commission public hearing comments, January 10, 2002

Response 70

Please see Responses 50, 64, and 83 for discussions of cumulative construction-related traffic, noise, and air quality impacts. Also, please see Responses 67 and 83 for a discussion of containment of on-site hazards and removal of asbestos-containing materials.

4.0 MITIGATION MEASURES

General

Comment 71

"By definition and in effect, Construction Noise is limited to certain times of the construction period; conversely, visual quality, use of open space, hazards, and cumulative traffic affect now, and will affect, the quality of life both during the 8-year construction period and the time after the project is completed.

¹¹ Gibson, Lisa, San Francisco Planning Department, personal communication, January 24, 2002.

"Given the more elevated location of the homes there, the project sponsor needs to mitigate this avoidable visual impact by planting, in the gap and west of the boundary, fast growing, tall trees (e.g., conifers) and shrubbery. That needs to be done not 'prior to final project completion' (p. 1.0-9, and p. 4.0-1) but during Week 1 of Phase A of Phase One." Gilbert De La Mora, *et al.*

Therefore, we urge you to take the broad view in these three categories not only in terms of population segments affected, but also the range of time frames. In other words, where visual and use of open space problems exist already on day one of the project, mitigation needs to begin then rather than at the end of the semi-permanent construction period. And where long traffic delays and safety hazards and cumulative volumes contributed to by project-generated automobile traffic, mitigation needs to begin at the earliest possible time." Gilbert De La Mora, *et al.*

Response 71

The commentor is correct that the effectiveness of a given mitigation measure depends in part of the timing of implementation of that measure. The timing should be such that the associated significant effect is reduced to below a significant level or is avoided altogether.

Pursuant to CEQA, a Mitigation Monitoring Report Program (MMRP) would be developed for the proposed project (CEQA *Guidelines* Sections 210816(a), 15091(d), and 15097). According to the *Guidelines*, when an EIR identifies significant effects, the lead agency must also adopt a program for reporting or monitoring mitigation measures that were adopted or made conditions of project approval. The monitoring program is implemented to ensure that the mitigation measures and project revisions identified in the EIR are implemented.

The MMRP to be prepared for the Laguna Honda hospital project will include the person(s) responsible for implementation of the mitigation measures. (As stated on p. 4.0-1 of the Draft EIR, the project sponsor is responsible for implementing and has agreed to all the mitigation measures presented in the EIR.) The Mitigation Monitoring Report will also identify how the measure will be implemented, monitoring responsibility, and monitoring schedule. Details regarding the timing of mitigation measures will be presented in the Mitigation Monitoring Report and are not required in the Draft EIR.

The MMRP is simultaneously being prepared with the Final EIR. The MMRP will be adopted by the Planning Commission as part of their motion for approval of the Conditional Use Permit and other project approvals, should the Commission approve the proposed project.

The majority of the mitigation measures described in Chapter 4.0 of the Draft EIR identify when the mitigation would be implemented. To illustrate, the mitigation measures for impacts to visual quality (Mitigation Measures A1 through A4, p. 4.0-1 of the Draft EIR) require a roofing design and color treatment approval by the Planning Department Environmental Review Officer and the Civic Design

Review Committee prior to issuance of a building permit. Another example is the hazards mitigation (Mitigation Measures D1 through D6, p. 4.0-11 through p. 4.0-13 of the Draft EIR) which state that surveys need to be conducted prior to demolition and excavation activities.

In regard to Visual Quality Mitigation Measure 1, the significant impact the trees are intended to mitigate (the presence of new buildings on the hospital campus) would not occur at the beginning of construction. Trees do not need to be planted at the beginning of the construction period in order for the mitigation measure to be effective. It is normal and expected that landscaping on construction sites needs time to grow and become established. Furthermore, some of the general concerns cited by the commentor (such as traffic impacts to private views) are not identified as significant impacts in the Draft EIR, and do not require mitigation.

However, implementation of some of the mitigation measures can begin at an earlier period than is indicated in the Draft EIR. Therefore, the Draft EIR is hereby revised as follows:

[p. 4.0-1, Section A. Visual Quality, Mitigation Measure 1, third sentence] “The planting shall occur during landscaping of the area east of the Link Building as early as feasible during the construction phase~~and prior to final project completion.~~”

[p. 4.0-1, Section A. Visual Quality, Mitigation Measure 4, third sentence] “These features of the project design shall be implemented at the earliest extent feasible during the construction period and shall be included in the final project plans to be completed prior to issuance of the building permit.”

[p. 4.0-11, Section 3.6. Hazards, Mitigation Measure 2, first sentence] “2. Prior to any demolition or excavation at the project site, ~~The~~ project sponsor shall conduct one or more Phase II Environmental Site Assessments of the project site, as necessary, to ensure that all areas of suspected surface and subsurface contamination subject to ground disturbance during site development activities are sampled.”

[p. 4.0-12, Section 3.6. Hazards, Mitigation Measure 5, new sentence prior to last sentence] “This determination shall be made at the earliest extent feasible during the construction period.”

Comment 72

"Also, a determination needs to be made as to the extent to which the needed mitigation measures are within the scope of the project or within the responsibility of (other) public agencies. (See p. 4.0.1.)" Gilbert De La Mora, *et al.*

Response 72

The project sponsor is responsible for the implementation of all the mitigation measures in the Draft EIR. In order to clarify this, the Draft EIR is hereby revised as follows:

[p. 4.0-1, first paragraph, third sentence] ~~"Implementation of some measures may be the responsibility of public agencies."~~

Comment 73

"The mitigation section does not provide detail on how mitigations will be documented or enforced. This is a major weakness in the text and needs to be addressed. Specifically, whether mitigations are included in project plans and specifications or other document, who is responsible for approval or oversight of the mitigations (contractor and/or City staff), how compliance will be documented, and consequences of non-compliance need to be included." Eileen Fanelli

"p. 4.0 Mitigation Measures – General comment, this section should outline the necessary prohibitions on parking, traffic routes, on-site cycling of construction vehicles, etc. The section should also specify how these measures will be enforced, what provisions will be included in the project specification, what measure require completion of separate plans and documents, who will approve those plans and documents, and the timing of that approval relative to issuance of building permits and contractor notices to proceed." Eileen Fanelli

"p.1.0-10: Construction Noise: Who will conduct the noise monitoring outlined as a mitigation measure, the contractor, City or third party? Who will determine if feasible measures have been implemented? Is a noise abatement plan required of the contractor? Who will approve it and monitor its implementation? How will work be coordinated with the hospital staff? Who will be responsible, the City or the Contractor?" Eileen Fanelli

Response 73

Please refer to Response 71 for a discussion of the project's MMRP, a program for reporting and monitoring mitigation measures that are adopted or made conditions of project approval. CEQA requires that for each significant impact identified in the EIR, the EIR must discuss feasible measures to avoid or substantially reduce the project's significant environmental effect. The Draft EIR does not identify significant impacts related to transportation and circulation. Therefore, mitigation measures addressing prohibitions on parking, traffic routes, on-site cycling of construction vehicles, etc. are not required to be included in Chapter 4.0 of the Draft EIR.

Comment 74

"In keeping with the Transit First Policy, we ask that Laguna Honda Hospital's Plan offer mitigation for its effects on City traffic and congestion by reducing the number of planned parking spaces to the Planning Code's general recommendation for this sort of facility, 294 spaces." **Pinky Kushner**

Response 74

Please refer to the discussion of City *Planning Code* requirements on p. 3.2-21 through 3.2-22 of the Draft EIR. Based on this discussion, a *minimum* of 294 parking spaces would be required by the Planning Code. Under Section 204.(c) of the San Francisco *Planning Code*, 150 percent of the required number of spaces provided by the project could be allowed as an accessory use, for a total of 441 spaces. The proposed project would provide 655 parking spaces, 114 more parking spaces than allowed as an accessory use by the *Planning Code*. As stated on p. 3.2-22 of the Draft EIR, the project sponsor would request a Conditional Use authorization "for parking for a specific use or uses, where the amount of parking provided exceeds the amount classified as accessory parking in Section 204.5..." In reviewing the request for a Conditional Use authorization, the Planning Commission will consider criteria set forth in Section 157 of the *Planning Code*, including demonstration that the demand for additional parking cannot be satisfied "by the amount of parking classified by this Code as accessory," and "by more efficient use of existing on-street and off-street parking available in the area." The parking impact analysis discussion on p. 3.2-19 and 3.2-20 of the Draft EIR indicates that the 655 on-site spaces would be necessary to meet the parking demand of the proposed project and that on-street parking to meet this total demand is unavailable.

The City's Transit First Policy (Section 16.102 of the City Charter) is defined by a broad set of six principles which collectively state that public transit is an economically and environmentally sound alternative to the private automobile, and that facilitating the use of public transit should be a priority in conducting and implementing all City programs, policies, and affairs. As discussed on p. 3.2-17 and p. 3.2-18 of the Draft EIR, the proposed project would not have a significant effect on traffic conditions and intersection operations and, therefore, no mitigation measures would be required under CEQA. In keeping with the City's Transit First Policy, Laguna Honda hospital recently developed a Transportation System Management Program (TSMP), the goal of which is to minimize single-occupancy vehicle trips generated by the hospital. The TSMP would reduce parking demand by encouraging the use of transit and bicycles, and alternative modes of transportation such as participation in rideshare and carshare programs. Please refer also to **Response 44** concerning Laguna Honda hospital's TSMP.

Visual Quality

Comment 75

"p. 4.0-1: 'A. Visual Quality' Mitigation measure #1 (Site Landscaping) refers only views from Twin Peaks Park. This would appear inadequate if the project includes improvements to access along Woodside and Laguna Honda Blvd." Eileen Fanelli

Response 75

CEQA requires that for each significant impact identified in the EIR, the EIR must discuss feasible measures to avoid or substantially reduce the project's significant environmental effect. As discussed on p. 3.3-3 of the Draft EIR, three viewpoints of the project from publicly-accessible areas near the site were selected for analysis. The viewpoints were determined by the San Francisco Planning Department staff to provide representative views of the site from off-site locations. The selected viewpoints provide both short-range and long-range views. The viewpoints selected include views of the project site from Laguna Honda Boulevard, Edgehill Way, and Twin Peaks Park. However, the only public viewing area generally recognized as providing scenic views of the project site is Twin Peaks Park. The other two publicly-accessible viewing areas are presented in the Draft EIR for informational purposes only.

The Draft EIR identifies a significant impact associated with the view of the project site from Twin Peaks Park, not views from Woodside Avenue or Laguna Honda Boulevard (see refer to Responses 51 and 54 for a discussion on the Draft EIR's findings regarding visual impacts). For this reason, mitigation measures have been developed to reduce the impact to a less than significant level. Please refer to Response 5 for a description of the proposed landscaping plans.

Comment 76

"We ask that not only should the new construction be sensitive to incidental light, but also that the EIR pledge to keep as much of the grounds in darkness as possible for foraging owls. (It may be advisable to consult a ornithologist; we, however, are not insisting on this.)" Pinky Kushner

Response 76

Most construction activities would generally occur during the daylight hours, between 7:00 AM and 3:30 PM. The usage of heavy impact equipment such as jackhammers, will begin at 8:00 AM and continue to 4:30 PM. In the winter months, there may be a need for lighting during the first hour of the workday. However, construction would occur in the developed area of the campus where artificial lighting already exists (see Figure 2.0-4 for the limits of construction). Construction would not occur in the open space

area, and thus, lighting associated with construction activities would have minimal effects on wildlife in that area.

In order to clarify the proposed lighting fixtures for the project, the Draft EIR is hereby revised as follows:

[p. 3.3-13, second paragraph] ~~"In addition, the proposed lighting fixtures would be designed to minimize glare and off-site impacts. Low-profile, low intensity lighting would be installed and directed downward to minimize light and glare. All lighting adjacent to the open space area would be downcast luminaries with light patterns directed away from the natural areas. Given this features of the project and the above discussion the above,~~ visual impacts associated with the introduction of and increase in light sources are considered less than significant."

Comment 77

The forests abutting Panorama, Dellbrook, Olympia and Clarendon must be attended to immediately. Additional trees must be planted before the project begins to provide ample time for the growth of these natural view and sound barriers. Anne and Timothy Poirier

Response 77

Please refer to Response 71 for a discussion regarding the timing of implementation of mitigation measures. The proposed project would not impact any trees outside the limits of construction, identified in Figure 2.0-4 of the Draft EIR. Tree removal would occur mainly in the central valley area of the project site and not in areas generally visible by the surrounding neighborhoods. Replacement trees would be planted, including a tree buffer on the eastern campus perimeter (along Dellbrook Avenue), as part of the landscaping plan (see Response 5 above) at the earliest extent possible.

Construction Noise

Comment 78

"Hours of operation for demolition and exterior construction should be limited to Monday to Friday from 8 AM to 5 PM to decrease the proposed intolerable noise levels to a reasonable timeframe." Anne and Timothy Poirier

Response 78

Please see Response 60 for a discussion of limits on construction hours.

Comment 79

"We request that the list of persons to receive the advance notifications giving them the name and phone number of the Designated Complaint Coordinator (mentioned on p. 1.0-11 and 4.0-3) include, as a minimum, all residents living at locations at which the mitigated construction noise is expected to exceed the ambient noise level, during a given phase, by 5 dBA or more. We further request that this Coordinator also be similarly responsible for monitoring compliance with the guidelines established by the BAAQMD, especially to ascertain that levels of wind-blown dust are well below threshold levels. (See p. 4.0-13.)" *Gilbert De La Mora, et al.*

p. 4.0-2,3 'B. Construction Noise' the text states 'During all construction phases, there shall be close coordination between construction staff and hospital staff'. THERE IS NO MENTION ABOUT THE RESIDENCES. A mitigation should include specific measures to address noise impacts to the community (Dellbrook and others) in the form of regular meetings, contact persons with the City and Contractor staff, etc." *Eileen Fanelli*

"Now under the Construction Noise it states, quote: During all construction phases there will be close coordination between the construction staff and hospital staff. There's no mention about the residents here. We would like specific measures to keep the community, the residents in the community, informed, like maybe biweekly or monthly meetings." *Richard Parrino, Planning Commission public hearing comments, January 10, 2002*

Response 79

The project sponsor agrees with the first part of the above comment. The Draft EIR is hereby revised as follows:

[p.4.0-3, Section B. Construction Noise, Mitigation Measure number 8] "8. A designated complaint coordinator shall be responsible for responding to noise complaints during the construction phase. Residents living at locations where the mitigated construction noise level is expected to exceed the ambient noise level, during a given phase, by 5 dBA or more would receive advance notifications that would provide the name and number of the designated compliant coordinator. The name and phone number of the complaint coordinator shall also be conspicuously posted at construction areas and on all advanced notifications. This person shall maintain a log of complaints received and take steps to

resolve complaints, including periodic noise monitoring, if necessary, to ensure that significance thresholds are not exceeded by project construction activities."

In response to the part of the comment that addresses monitoring compliance for air quality impacts, BAAQMD does not require a designated complaint coordinator to monitor compliance with their guidelines. However, the MMRP that will be prepared for the Laguna Honda hospital project will contain information on how Air Quality Mitigation Measure 1 (p. 4.0-13 of the Draft EIR) will be implemented and enforced.

Historic Architectural Resources

Comment 80

"p. 1.0-13: C3 Historic Architecturally Resources, 2): How will salvage operations be sequenced with the demolition? Who will be responsible, the contractor or a third party?" **Eileen Fanelli**

Response 80

The commentor is referring to a summary of the Historic Architectural Resources Mitigation Measure 2 fully described on p. 4.0-10 of the Draft EIR. Prior to demolition, the contractor and a City-approved architectural historian would identify building features that can be feasibly salvaged. The features would be identified on the demolition plans. A salvage contractor would remove the features to be saved prior to the start of demolition activities.

Comment 81

"4.0 Mitigation Measures – The Landmarks Board generally concurs with the mitigation measures proposed for the loss of historic resources. However, the Landmarks Board believes the following should also be included as further mitigation: Further research should be done regarding the social history of the people housed and employed over the years in those buildings proposed for demolition. The social history of Laguna Honda is not adequately documented in the Draft EIR, nor in the Laguna Honda Hospital Background Report, dated October 2001, which concentrate only on architectural and institutional history.

Historic Photographs showing the social use of the spaces should be included both in the HABS documentation and the on-site interpretive display." **Tim Kelley**

"In conclusion, the Landmarks Board views the proposed loss of important historic resources as extremely significant. However, the Landmarks Board concurs with the necessity for their demolition, and urges the adoption of the additional mitigation measures proposed above." **Tim Kelley**

Response 81

The project sponsor has agreed to the additional mitigation recommended by the Landmark Board as part of the proposed project. The Draft EIR is hereby revised as follows:

[p. 4.0-10, Section C. Historic Architectural Resources, Mitigation Measure 1, sentence added between sentences two and three] "Research shall be conducted regarding the social history of the people housed and employed over the years in those buildings proposed for demolition."

[p. 4.10-10, Section C. Historic Architectural Resources, Mitigation Measure 1 (ii), first sentence] "Photo-documentation of the property, including the social history and use of the hospital, to Historic American Building Survey Standards."

[p. 4.0-10, Section C. Historic Architectural Resources, Mitigation Measure 1 (iv), first sentence] "An on-site display interpreting the hospital's history and social use of the hospital."

Comment 82

"Landscaping – the Landmarks Board believes that the elements of the existing landscaping throughout the site are important resources and should be protected to the extent possible. The Landmarks Board also urges the project include spaces in which future residents may themselves engage in gardening." **Tim Kelley**

Response 82

Please see **Response 5** for a discussion of proposed landscaping, which includes a gardening area for residents.

Hazards

Comment 83

"Building demolition and removal of asbestos and other hazardous materials should not be done on days with more than 5-mph winds. Flyers should be distributed to homes within 1000 feet with a tentative schedule for these activities so that windows may be closed to reduce intrusion of dust." Anne and Timothy Poirier

Response 83

As stated on p. 4.0-13 of the Draft EIR under **Section E. Air Quality** (Section II.B.6 of the Initial Study), the project sponsor has agreed to include mitigation measures that would reduce construction-related air quality impacts, including dust control. These measures are in accordance with the BAAQMD *CEQA Guidelines*. Specific measures that would reduce the generation of dust include the following: the project shall require the contractor(s) to spray the site with water during demolition, excavation, and construction activities; spray unpaved construction areas with water at least twice per day; cover stockpiles of soil, sand, and other material; cover trucks hauling debris, soils, sand, or other such material; and sweep surrounding streets during demolition, excavation, and construction at least once per day to reduce particulate emissions. In addition, the demolition, renovation, or removal of asbestos-containing building materials is subject to the limitations of the BAAQMD Regulation 11, Rule 2: Hazardous Materials' Asbestos Demolition, Renovation and Manufacturing. Section 11-2-303 of Rule 2 details the requirements for demolition, renovation, and removal. Section 11-2-303 of Rule 2 details the requirements for demolition, renovation, and removal. The project sponsor will be required to comply with this regulation.

Comment 84

"p. 1.0-14,15: Hazards: The test indicates that sampling and remediation will be completed in areas where contamination is suspected prior to construction. Who will do this and when in the work sequence. What is the estimated volume of potentially contaminated soils that could be encountered? What are the suspected contaminants of concern? Where in the text is the description of site geology and groundwater? Are the referenced tanks formally and appropriately closed?" Eileen Fanelli

Response 84

Page 4.0-11, **Chapter 4.0, Mitigation Measures, D. Hazards**, Mitigation Measure 2 states that one or more Phase II Site Assessments of the project site shall be conducted prior to any site development activities. It also states that these studies shall be completed by a Registered Environmental Assessor (REA) or a

similarly qualified individual. Please see Response 73 above regarding the MMRP, which will provide further detail on how adopted mitigation measures will be implemented. The purpose of a Phase II Site Assessment is to determine the extent of groundwater and/or soil contamination. It is impossible to determine, "...the estimated volume of potentially contaminated soils that could be encountered [on the project site]" until the site assessment(s) has been conducted.

Appendix 1.0, Laguna Honda Replacement Initial Study, Notice of Preparation, and Responses provides a description of the project site's geology and groundwater resources on p. 32, 33, and 37. **Chapter 3.6, Hazards of the Draft EIR** provides a description of soil and groundwater contamination for existing conditions and project impacts. As described on p. 3.6-3 to 3.6-7, suspected contamination consists of diesel gasoline (benzene, toluene, ethyl benzene, and total xylenes), gasoline (methyl tertiary-butyl ether [MTBE]), and semi-volatile organic compounds associated with the three incinerators on the project site.

As stated on p.3.6-2 of the Draft EIR, no records are available that document whether the tanks on the campus were removed or abandoned in place. The proper closure of underground and aboveground storage tanks is not a CEQA-related issue. However, if tanks are not properly closed or are abandoned in place a potential for soil and groundwater contamination exists. The latter is considered a CEQA-related issue and as such, was adequately addressed in the Draft EIR. In addition, the Draft EIR provides mitigation measures to ensure that suspected contamination is tested and if necessary treated and removed.

6.0 ALTERNATIVES TO THE PROPOSED PROJECT

Comment 85

"p. 6.0: 'Alternatives to the Project'. All alternatives (p.6.0-13, 6.0-16) address visual quality of new hospital from Twin Peaks Park and Edgehill Way only, not from Woodside Avenue and Laguna Honda Blvd." Eileen Fanelli

Response 85

To promote an understanding of ways to avoid or lessen the significant impacts of a project, the *CEQA Guidelines* require a discussion of alternatives to the proposed project. The discussion should focus on those alternatives that would avoid or substantially lessen significant impacts of the project and provide a comparison of merits of each alternative.

The Draft EIR identified that the project would affect views of the project site from Twin Peaks Park. Given the above, the alternatives in **Chapter 6.0, Alternatives**, Partial Preservation Alternative One and Partial Preservation Alternative Two, provide an analysis of the impacts associated with the view from Twin Peaks Park. However, a brief discussion of how the alternatives would affect the views from Laguna Honda Boulevard and Edgehill Way is provided on p. 6.0-11 and 6.0-16 for informational purposes only.

Please refer to **Response 75** for a discussion on the selected viewpoints for the visual quality analysis.

Comment 86

"Alternative access routes from Laguna Honda Blvd. identified in St. John's scoping letter of July 2000, were not addressed in either the initial study or the Draft EIR. These alternatives should be discussed and the basis for their elimination identified." Eileen Fanelli

Response 86

Please refer to **Responses 1 and 10** for a discussion of temporary site access during construction.

The commentor uses inaccurate terminology in referring to the St. John's letter as a scoping letter. Although CEQA encourages holding a public scoping meeting as part of the process to determine the scope of the environmental analysis of an EIR, such a meeting was not required for the proposed project.¹² However, when it is done it should be combined with public agency consultation as described in Section 15083 of the CEQA *Guidelines*. The Notice of Preparation (NOP) for the Draft EIR was published on February 3, 2001. Public agencies have 30 days after receiving the NOP to respond. Therefore, in general, a scoping period lasts approximately 35 days. Therefore, comments on the scope of the EIR were to be submitted in writing between February 3, 2001 and approximately March 10, 2001. All scoping letters received in that time period are included in **Appendix 1.0** of the Draft EIR.

St. John's letter of July 2000 assumes the construction of temporary access routes. In addition, the letter suggests that the Initial Study and EIR evaluate widening Laguna Honda Boulevard north of the Forest Hill MUNI station to include a truck turn-out lane allowing large vehicles to properly slow and exit the travel lane as it enters the hospital.

¹² As of January 1, 2002, scoping meetings are required, pursuant to CEQA, "...for all projects of statewide, regional, and areawide significance..." However, because the NOP for the project was issued prior to this date, the project is exempt from this new law.

The project sponsor has coordinated with the Department of Parking and Traffic and has developed feasible haul routes for large trucks accessing the project site during the construction period. As discussed in **Response 1** above, the new driveway on Woodside Avenue would provide an adequate turning radius for large trucks. Given this, the haul routes specified in **Response 10** above would be the most feasible routes for the proposed project.

OTHER

Several comments were made that do not apply to the adequacy or accuracy of the Draft EIR. These comments are reproduced here and are followed by responses.

Comment 87

"I am writing in regard to the demolition and replacement of some of the existing facilities at Laguna Honda Hospital. It is Planning Department Case No. 2000.005E. I live at the corner of Laguna Honda Blvd. and Vasquez Avenue. I am a very concerned neighbor. My concern is deep because the Planning Department and the Environmental Impacts reports have lost creditability when it comes to City owned property.

I present my case: When the new 911 Center was built at 1003 Turk St. neighbors were assured by the building permit that there would be 71 on site, employee, parking spaces. *(Fact of the matter)* **ONLY 43 ON SITE PARKING SPACES PROVIDED!** The director of the 911 Center testified to this figure before the *Transportation and land Use Committee* last year. The EIR stated that there would be a maximum of 45 employees per shift. *(Fact of the matter)* **THE DAY SHIFT HAS BETWEEN 100 AND 120 EMPLOYEES ON PREMISES!** EIR stated that there would be no significant increase in parking demand as a result of the 71 on site parking spaces. The then director of the project, Mr. Ralph Jacobsen, assured the neighbors in writing that 'There should be little, if any employee parking on the street.' *(Fact of the matter)* **THE VERY DAY THE 911 CENTER OPENED, THE LENGTH OF THREE FOOTBALL FIELDS, 875 FEET OF CURB SPACE WAS RED ZONED FOR EMPLOYEE PARKING AND TWO YEARS LATER IS STILL THERE!**

On May 15, 2000 I filed a formal complaint with the S.F Planning Department addressed to Mr. Green, rightfully claiming that the building permit at the 911 Center had been violated. Within a month I received a form letter that the Planning Department was on the case but I would have to wait my turn.

This was the last correspondence I received from them. On June 12, 2001 I wrote to Mr. Green requesting where my complaint stood after 13 months. **NO REPLY.** On October 10, 2001 I wrote Mr. Green requesting information as to where my complaint stood after 17 months. **NO REPLY.**

Hopefully you are able to see why the Planning Department and EIR's have lost creditability when it comes to City owned property. The Building Permits are not enforced. The EIR , misleads citizens. The complaint process by citizens has been stonewalled by the Director of the Planning Department himself, Mr. Green.

Perhaps you think this is an isolated case? It is not. When the San Francisco Fire Department remodeled a building at 2nd and Townsend St. for their new Headquarters, they received a legitimate parking variance. It was a historical building and they could only provide 19 of the 41 legally required on site employee parking slots. The basis for the granting of the Variance was that the Fire Department would have a 53 car parking lot located on property they owned off of Third St. A shuttle would operate between there and Headquarters thereby eliminating increased parking in the area. They did not institute the shuttle. Instead, they went to the Board of Supervisors and received 400 feet of red zone curb space around their new building.

Until my formal complaint with the Planning Department is addressed and dealt with, the EIR for Laguna Honda hospital should be considered merely fiction in relationship to the truth. The attachments should make it quite clear that what I have written is not fiction." [Note: Attachments were included with this comment letter and are not reproduced here] James J. Corrigan

Response 87

The public review period of the EIR process provides the public an opportunity to comment on "significant environmental issues" of the proposed project. While the frustrations aired by the commentor are appreciated, the proposed project's EIR process is not the appropriate forum in which to raise concerns regarding the credibility of the San Francisco Planning Department and environmental impact reports in general. These comments are not CEQA-related and are not pertinent to the Draft EIR or the proposed project. The proposed project has in no way played a part in the past difficulties the commentor has experienced with the San Francisco Planning Department. The commentor stated that, "...the EIR for Laguna Honda hospital should be considered merely fiction..." The Draft EIR goes to great lengths to provide an adequate assessment of the project's environmental impacts, based on known components of the project description. It is the responsibility of the San Francisco Planning Department to ensure that implementation of the project is in accordance with the project description as presented in the Draft EIR.

Comment 88

"We, the Board of Directors of this Association of homeowners, appreciate the opportunity to submit our comments to the subject report. We support the purpose, aims and basic characteristics of the project, and

are confident that its design is consistent with the highest professional standards appropriate today for such an essential municipal medical facility of civic prominence.

Appropriately shown by several maps in the report, Midtown Terrace is located east and northeast of the project site. It encompasses over eight hundred (800) detached single family homes-some thirty (30) of these properties contiguous to the eastern boundary of the project's campus.

The bulk of our comments relate to the proposed measures intended to mitigate the impacts of the adjacent neighborhoods-including ours. In reviewing, and responding to, our comments, we anticipate that you will objectively recognize their relevance to our neighborhood, and, in some cases, to that of nearby ones and/or the users of the public open space of the facility." Gilbert De La Mora, *et al.*

Response 88

The San Francisco Planning Department appreciates the time spent by the commentors reviewing the Draft EIR and preparing comments. Comments received by the Midtown Terrace Homeowners Association have been reviewed and are addressed in the appropriate areas above.

Comment 89

"To conclude, we want to reiterate that we support the project, and that the above constructive comments are submitted respectfully and in the anticipation that they will be given active consideration in the interest of mitigating the project's impact on the quality of life of all persons concerned, and of improving and preserving the characteristics of the facility and its open spaces." Gilbert De La Mora, *et al.*

Response 89

The San Francisco Planning Department appreciates the time spent by the commentors reviewing the Draft EIR and preparing comments. Comments received by the Midtown Terrace Homeowners association have been reviewed and are addressed in the appropriate areas above.

Comment 90

"We are very concerned about the process used to solicit public input on potential project impacts as part of the CEQA scoping process. St. Johns submitted comments to the planning department as part of the development of the Initial Study. These comments are documented in a letter to Ms. Gibson of the San Francisco Planning Department dated July 2, 2000. These comments were not specifically referenced in the Initial Study or in the Draft EIR. St. Johns provided additional comments to the Initial Study in April

2001. There was no public scoping meeting. There were limited public outreach (mailings) notifying residents of preparation and publication of the initial study. Please describe the reasons for not holding public scoping meetings, not including or referencing St. John's July 2000 and April 2001 comments, and why the first mailing to local residents with information regarding the CEQA process, was completion of the Draft EIR." Eileen Finelli

Response 90

Refer to Response 86 regarding the relevance of the St. John's letter to the scoping process.

Comment 91

"Please make this letter a matter of record, so that my concerns are addressed by the Planning Commission. Also please respond to me in writing on these two issues. My address is at the top of this letter." Yvonne Howard

Response 91

The City of San Francisco Planning Department appreciates the time spent on reviewing the Draft EIR and preparing comments. Comments received by the commentor have been reviewed and are addressed in the appropriate areas above.

Comment 92

"On December 19, 2001, the Landmarks Preservation Advisory Board (Landmarks Board) held a public hearing to consider and comment on the Draft Environmental Impact Report (Draft EIR) for the Laguna Honda Hospital Replacement Project. Project sponsors and architects made an excellent and informative presentation the proposed project, and public testimony was taken. The Landmarks Board then discussed the Draft EIR in detail, and arrived at the following comments, which it hereby submits for your consideration." Tim Kelley

Response 92

The City of San Francisco Planning Department appreciated the comments made of the Draft EIR by the Landmarks Board. Comments received by the Landmarks Board have been reviewed and are addressed in the appropriate areas above.

Comment 93

"The distance and slope from most residents in the western side of Midtown Terrace makes a walk to the Forest Hill Muni station a difficult undertaking. From my resident approximately 20 minutes are required to walk to the station, with a much more difficult walk back uphill of 30-35 minutes.

A easier walking path providing access through the newly designed Laguna Honda Hospital from the south end of Dellbrook Avenue (around 100 Dellbrook) or from the St. John's Armenian Church would provide a public service for all the residents of the western area of Midtown Terrace. It would also serve to open up the newly designed Laguna Honda Hospital to the whole community, rather than remain a secluded city geriatric hospital. The walkway could be incorporated within a park like setting that would serve to lift the spirits of the residents of the hospital as well as the community around it. It would also serve the utilitarian need of giving easier access to Muni.

It would also serve to open up the valley that separates the hospital and the neighborhood, which at times appears to harbor camp like conditions for some less fortunate.

I am not sure if the above idea has been introduced, or it workable as I have not made a detailed study of the space. Would you be able to offer me your comments? I would like these ideas to be aired at the upcoming public hearing with an appropriate response." Dick Lambert Jr.

Response 93

The project sponsor is willing to work with the neighbors regarding the commentor's request for a walking path, providing access through the site . It should be noted that the analysis in the Draft EIR determined that the proposed project would not result in a significant impact related to pedestrian access and circulation. Providing access through the hospital campus is not required by CEQA and would be done by the project sponsor voluntarily (as an improvement measure).

Comment 94

"Laguna Honda has never been a good neighbor. We fully and completely support the replacement of the facility, but not in the manner they are going to do it. The EIR does not address, for example, the fact that the non-native species of eucalyptus trees that are presently there are a fire hazard. They have never cut those. In asking last night about that, the trees are such that they will fall and hit our houses. That is called an act of God and we will not get any reimbursement for that, and yet Laguna Honda does not have the money to be able to eliminate those type of things. They are a non-native species. They've been there for how long. Their leaves continue to block our downspouts. They block our rain gutters. They are acidic. They destroy our lawns. They blow on our -- the branches fall off, tear our roofs. They

damage our houses. They've been there for quite some time. They are a uniquely wonderful fire hazard, as was proven in the East Bay. Absolutely nothing has been done to mitigate that, and nothing is addressed in the EIR to address that in any way." **John Paul, Planning Commission public hearing comments, January, 10,2002.**

Response 94

The purpose of the Draft EIR is to analyze changes in existing environmental conditions and to identify potential impacts that could occur as a result of the proposed project. The eucalyptus trees are an existing condition, and while they might be considered a fire hazard and a nuisance by some, the failure of the project to address this condition is not a matter to be discussed in the Draft EIR.

Fire hazards are addressed in the project's Initial Study (**Appendix 1.0** of the Draft EIR). Fire hazards to the existing hospital residents and future hospital residents were considered as a result of the proposed project. Based on the Initial Study analyses, the existing trees (including the eucalyptus trees) are not considered a hazard to future users of the proposed project.

Certain trees, including some eucalyptus trees, would be removed as part of the proposed project. However, the main objective of the proposed project is to provide skilled nursing care in modern facilities that meet current standards. Removing non-native eucalyptus trees from the site perimeter is not part of the proposed project.

Comment 95

Homeless encampments must be kept under scrutiny on the entire land parcel. **Anne and Timothy Poirier**

Response 95

Laguna Honda hospital, under the supervision of the San Francisco Sheriffs Department, patrols the campus as part of security services. When homeless encampments are reported or observed, the Institutional Police or Sheriffs Department intervene and advise the homeless to relocate, while offering referrals to social service agencies and to homeless shelters. This method has been effective in maintaining a safe environment (while being sensitive to homeless people) and will continue as a practice at Laguna Honda hospital.

Comment 96

"I am writing to express my opposition to the proposed increase in parking spaces at Laguna Honda Hospital. I don't want my tax dollars going towards more cars, more congestion, and more pollution in my neighborhoods." Katherine Roberts

Response 96

The commentor's opinion is acknowledged. Please see **Response 74** for a discussion of proposed project parking.

Comment 97

"The existing parking lot is underutilized. There is a MUNI station across the street, served by numerous lines. Instead of increasing parking, you should be using public money to improve public transit to and from the hospital. This is something that will actually benefit the majority of San Franciscans, instead of adding more cars to an already car-choked city, for the benefit of a few private car-owners." Katherine Roberts

Response 97

Please see **Response 42** regarding transit and the use of parking on the project site, and **Responses 43 and 44** for a discussion on the TSMP. The project sponsor and architect may propose and seek approval for any design and program they would like to pursue. It is ultimately the responsibility and purview of the Planning Commission to determine if the benefits of the proposed project outweigh any potential negative effects. The Planning Commission is assisted by the Planning Department staff through their efforts to work with the project team to improve a design before it reaches the Planning Commission and, through the report, the staff prepares expressing its recommendations of the Planning Commission.

Comment 98

"We are very pleased with the proposed ingress and egress road off Woodside Avenue to be shared by the Hospital and the Youth Guidance Center. As a signalized intersection, the proposed road should reduce traffic backups on both Woodside Avenue as well as Seventh Avenue caused by the current egress of all traffic at the Hospital's main driveway." David E. Schwartz

Response 98

The commentor's opinion is acknowledged. Please see **Response 34** for a discussion of the proposed Woodside Avenue driveway improvements.

Comment 99

"And I would like to see the full oversight process addressed more thoroughly in terms of there's a huge project and the plan is not detailed enough to make clear where the checks are on how it's going along the way, where the oversight process happens to make sure that there aren't budget shortfalls that mean that things that are taken out that are supposed to be rebuilt don't actually get rebuilt. I assume there will be a hospital there at the end of this process, but there are very ambitious landscaping plans. I am deeply concerned that those may not be fully implemented because of the economic world that we live in. And so I'm concerned about the oversight process and the ongoing checks along the way and do not see a thorough process for that." **Deborah Wald, Planning Commission public hearing comments, January 10, 2002.**

Response 99

The primary objective of the proposed project is to provide skilled nursing care and facilities that meet current standards. Another project objective is to make aesthetic improvements at the periphery of the campus boundaries. Please refer to **Response 5** for a discussion of the proposed landscaping plans. All aspects of project cost estimates are updated regularly throughout the design and construction process. Scope adjustments are made if necessary to ensure that sufficient funds are available to meet the project objectives, including those that would be implemented late in the development process. In addition, the project sponsor has confirmed that landscaping efforts are funded in the project's budget.

Comment 100

"As an adjacent residential district, the Forest Hill Association is essentially concerned with the external environmental and traffic effects of the Replacement Project, both during the prolonged anticipated demolition and construction and upon completion." **Harold A. Wright**

Response 100

Please see **Responses 37, 38, 39, 47 and 48** for a discussion on operational and construction traffic impacts associated with the proposed project.

5.0 STAFF-INITIATED CHANGES TO THE DRAFT EIR

This chapter presents staff-initiated changes to the Draft EIR. Staff-initiated changes include recent project design modifications, the addition of a new shadow section, and corrected non-substantive errors. Text added to the Draft EIR is underlined and text deleted from the Draft EIR is shown with strikethrough.

CEQA requires the recirculation of the Draft EIR after the close of the public review period, prior to certification of the Final EIR, if "significant new information" is added to the Draft EIR. The CEQA Guidelines define the term "information" to include changes in the project or environmental setting as well as additional data or other information. CEQA further states that new information added to an EIR is not "significant" unless the EIR is changed in a way that deprives the public of a meaningful opportunity to comment upon a substantial adverse environmental effect of the project. The CEQA Guidelines note, as an example of "significant new information," a new significant environmental impact that would result from the project or from a new mitigation measure proposed to be implemented.

New information regarding project design refinements and a shadow analysis is presented in this section. The new information clearly does not result in a significant impact and does not intensify any impacts presented in the Draft EIR. The public will be afforded the opportunity to review and comment on the new alternative as part of this document and the Planning Commission hearing on the certification of the EIR. For the reasons stated above,, the inclusion of this new information does not meet the standard of "significant new information" as defined by CEQA.

A. CHANGES TO THE PROPOSED PROJECT

Recent modifications to the proposed project have been made for technical and programmatic reasons. These changes and the reasons for them are discussed below. All changes are reflected in Revised Figure 2.0-4, Proposed Site Plan (presented in Section 4.0, Comments and Responses).

The orientation of the proposed Clarendon Hill West and East Buildings has been refined. The wings of the Clarendon Hill West and East Buildings have been shifted so that four wings, instead of two, would face south and two wings, instead of four, would face north. This revised design would allow more natural sunlight to enter the hospital rooms.

Based on recommendations from the project's soil engineer, the proposed Clarendon Hill East Building has been shifted south 20 feet on the site by developing an extended building pad from new engineered

fill. This design change would not change or alter the original grading concept as described on p. 2.0-19 of the Draft EIR.

The limits of construction have been refined. The construction limits would extend more to the east to facilitate the installation of the tree buffer along the eastern property boundary. In addition, based on updated construction details, the limits of construction on the western portion of the campus site (as shown in **Figure 2.0-4, Proposed Site** of the Draft EIR) are not correct. Therefore, the construction boundary has been extended to the west to accurately reflect the construction boundary.

The Draft EIR is hereby revised as follows to reflect the above changes:

[p. 2.0-11, first paragraph, added after second sentence] “The proposed Clarendon Hill West and East Buildings would have eight wings total. In order to allow more natural sunlight, four wings would face south and two wings would face north. (One wing would face east and the other wing would face west.)”

[p. 3.3-10, added after first paragraph] “The visual simulations were prepared based on a slightly different design than currently proposed. The slight variation in the project design includes the orientation of the proposed Clarendon Hill West and East Buildings. As currently proposed, four wings of the Clarendon Hill East and West Buildings would face south and two wings would face north. The visual simulations were based on an older version of the project design, as part of which two wings faced south and four wings faced north. The variation between the two versions of the project design is minor and would not affect the conclusions presented in this section.”

[p. 3.3-10, second paragraph, second sentence] “The top two stories of the proposed Clarendon Hill West Building would be visible from this viewpoint.³”

[p. 3.3-10, fourth paragraph, fourth sentence] “Portions of the Clarendon Hill West and East Buildings would also be visible from this viewpoint.⁴”

[p. 3.3-11, second paragraph, second sentence] “From this viewpoint, the majority of the proposed Link Building would be visible, as would parts of the proposed Greenhouse

³ This conclusion would not change with the revised orientation of the proposed Clarendon Hill East and West Buildings.

⁴ Ibid.

Building and Clarendon Hill East and West Buildings.⁵

[p. 6.0-8, added between sixth and seventh sentence in first paragraph] "In addition, the number of wings, and their orientation, for the proposed Clarendon Hill East Building would be different from the proposed project. Under this alternative, three wings would face north, instead of two, and two wings would face south, instead of four. One wing would face east."

[p. 6.0-8, third paragraph, second sentence] "Impacts in those issue areas would also be less than significant from implementation of this alternative, because the alternative would involve a similar area of disturbance and would result in a slight increase in site use by residents, employees, and visitor as compared with the proposed project. The analyses provided in the Initial Study, conducted for the above-mentioned resources, pertain to the entire property. For example, the biology analysis considered the biological impacts to the entire site and not just the developed portion of the campus. In addition, implementation of this alternative would result in only a slight increase in site use by residents, employees, and visitors. For these reasons, the environmental effects associated with these resources and resulting from implementation of Alternative One would be less than significant."

[p. 6.0-13, third paragraph, added after third sentence] "The new Greenhouse and Clarendon Hill East and West Buildings would provide 1,140 new hospital beds, and would be similar in design with respect to the same size and building placement, as under the proposed project."

[p. 6.0-15, second full paragraph, last sentence] "Impacts in those issue areas would also be less than significant from implementation of this alternative, because the alternative would involve a similar area of disturbance and would result in the same increases in site use by residents, employees, and visitors. The analyses provided in the Initial Study, conducted for the above-mentioned resources, pertain to the entire property. For example, the biology analysis considered the biological impacts to the entire site and not just the developed portion of the campus. In addition, implementation of this alternative would result in the same increases in site use by

⁵ Ibid.

residents, employees, and visitors. For these reasons, environmental effects associated with these resources resulting from implementation of Alternative Two would be less than significant."

Appendix 2.0-1, Proposed Hospital Building Elevations is hereby revised to include building elevations that reflect the revised project design (the shift in orientation of the Clarendon Hill West and East Buildings). The revised appendix is included at the end of this chapter.

The phasing plans presented in **Appendix 2.0-2, Project Phasing Plans**, of the Draft EIR reflect the project design presented in the Draft EIR. The following revision explains how the revised project design relates to the construction phasing plans presented in the Draft EIR:

[p. Appendix 2.0-2, added after first sentence] "The following phasing plans reflect an earlier version of the project design for the proposed Clarendon Hill West and East Buildings. As shown in the phasing plans, four wings, instead of two, would face north, and two wings, instead of four, would face south. The variation in the project design does not have any bearing on the construction phasing presented in these plans. Thus, the construction phasing plans remain valid for the proposed project."

B. SHADOW

As discussed in the Initial Study, the San Francisco Planning Department prepared a shadow fan analysis for the proposed project, and on the basis of the shadow fan, concluded that potential impacts of the project on shadow would be less than significant. A supplemental shadow analysis was has been conducted to reflect the refined version of the project discussed in Subsection A above. A section is hereby added to the Draft EIR, **Section 3.7 Shadow**, which presents a detailed description of the shadow analysis and its results. This section is presented on the following pages. For the purposes of clarity, the section is not underlined.

3.7 SHADOW

A. SUMMARY

The Initial Study for the proposed project found impacts related to shadow to be less than significant. Some components of the project design were modified after the publication of the Draft EIR. A preliminary shadow analysis of the revised project, conducted by the San Francisco Planning Department, indicated that the proposed Clarendon Hill buildings would cast shadow on the adjacent Midtown Terrace Park during the winter months. Given that the park is a San Francisco Recreation and Park Department property, a detailed shadow analysis was conducted for the proposed project to comply with Section 295 of the Planning Code. The analysis indicated that the project would cast a shadow on the park during approximately two months of the winter, resulting in about a 0.007 percent reduction in sunlight square foot hours on the park. The intrusion of shadow from the proposed buildings would be low compared to the available sunlight to the park, and a majority of the shadow would be cast on the tree-covered and non-public parts of the park. The San Francisco Planning Department has reviewed the detailed shadow analysis prepared for the proposed project and has determined that the shadow impacts would not be significant or adverse.

B. INTRODUCTION

Section 295 of the San Francisco Planning Code was adopted in response to Proposition K (passed in November 1984) in order to protect public open spaces from shadowing by new structures during the period between one hour after sunrise and one hour before sunset, year-round. Section 295 restricts new shadow upon public open spaces under the jurisdiction of the Recreation and Park Department by any structures exceeding 40 feet unless the City Planning Commission, in consultation with the General Manager of the Recreation and Park Department, finds the impact to be insignificant.

The proposed hospital buildings would vary from five to seven stories high, with heights of up to 86.5 feet, and the new assisted living facility would be approximately four stories high, with heights of about 50 feet. Therefore, these buildings are subject to the Proposition K requirements.

C. EXISTING CONDITIONS

C1. Existing Shadow Environment

The undeveloped portions of the Laguna Honda hospital campus are in public open space uses. However, the open space area on the campus is not under the jurisdiction of the San Francisco Recreation and Park Department.

Public open spaces near the Laguna Honda hospital campus include the Midtown Terrace Park northeast of the campus on Olympia Way; the Interior Park Belt, north of the Midtown Terrace neighborhood; Mount Davidson Park, about one-half mile south of the campus; Sunset Heights Park and Hawk Hill Park, about one-half mile west of the campus; Twin Peaks Park, about one-half mile east of the campus; and a small park at the corner of Laguna Honda Boulevard and Vasquez Avenue, just south of the campus. The Interior Park Belt, Mount Davidson Park, part of Twin Peaks Park, and Midtown Terrace Park are under the jurisdiction of the Recreation and Park Department.¹

Structures on the hospital campus mainly include the Main Hospital Building and Clarendon Hall. The Main Hospital is five stories high and the Clarendon Hall building is three stories high. All other remaining structures on the hospital campus are low in height and do not cast substantial shadow.

D. PROJECT IMPACTS

D1. Significance Criteria

As noted previously, Section 295 of the Planning Code restricts shadow upon public open spaces under the jurisdiction of the Recreation and Park Department by any structure exceeding 40 feet unless the Planning Commission finds the impact to be insignificant. The proposed buildings would exceed a height of 40 feet and are therefore subject to Proposition K.

In addition, Section 147 of the Planning Code states that any new development in a C-3 district should be shaped, consistent with the dictates of good design and without

¹ Morlin, Mike, Assistant Superintendent of Parks, San Francisco Recreation and Park Department, personal communication, January 26, 2001.

unduly restricting the development potential of the site in question, to reduce the substantial shadow impacts on public plazas and publicly accessible spaces. Factors to be taken into account in the determination of shadow impacts include the amount of open space area shadowed, the duration of the shadow, and the importance of sunlight to the utility of the type of open space being shadowed.

The hospital campus is located within the P (Public Use) zoning district. Therefore, the proposed project would not be subject to Section 147 of the Planning Code. However, the guidelines specified under Section 147 were generally applied to determine the environmental significance of the shadow effects of the project.

D2. Impacts of the Proposed Project

Based on a preliminary shadow fan analysis conducted by the San Francisco Planning Department, the proposed Clarendon Hill East and West buildings would cast a shadow on the adjacent Midtown Terrace Park during the winter afternoons when the sun is lowest in the sky. No other shadow would be cast upon open spaces under the jurisdiction of the Recreation and Park Department within the vicinity of the hospital campus during the solar year. Currently, the existing hospital structures do not cast a shadow on the Midtown Terrace Park. Given this, a detailed shadow analysis was conducted to determine the shading impacts of the proposed project on the Midtown Terrace Park during the winter solstice (December 21) when the sun is at its greatest distance from the equator and the day is shortest.

The approximately 525,106 square-foot Midtown Terrace Park is shown in **Figure 3.7-1, Proposed Project and Midtown Terrace Park**. The southeastern portion of the park includes a community building, a sand surface play equipment area, a landscaped area with footpaths, and a grass field. The community building and play equipment area are used regularly for recreation uses and the grass area is used for picnics. These recreational uses encompass about 150,000 square feet of the park. The remaining park area includes tree-covered areas near the southern park boundary and a reservoir in the northern portion of the park. The recreational facilities provided in the park are regularly used by the public.

D2(a) Study Methodology

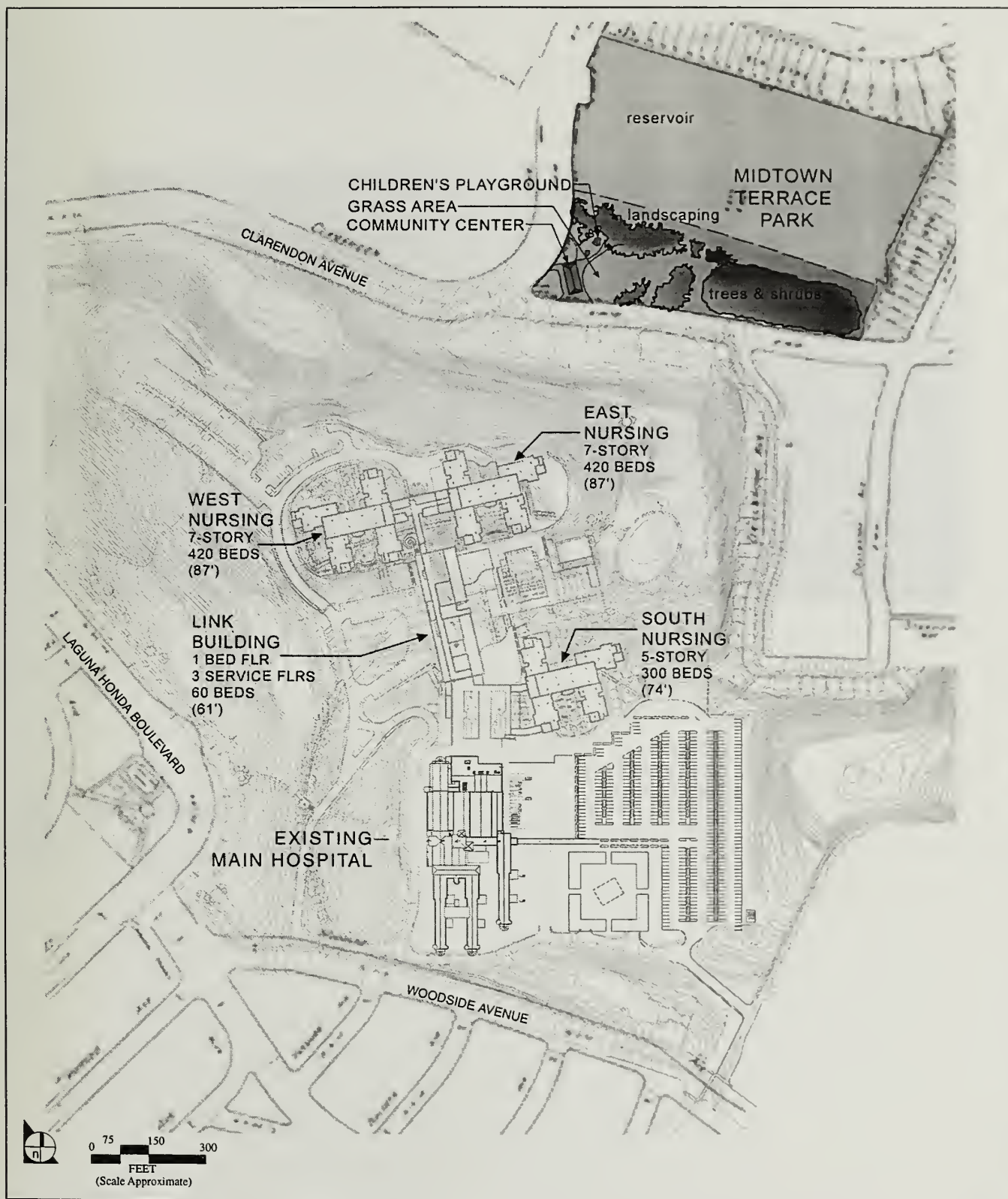
The shadow impacts of the proposed buildings on Midtown Terrace Park were

estimated using computer modeling to determine the pattern of shadow progression and the overall period of park shadowing on selected days.² The daily pattern was determined from shadows cast at one-minute intervals on December 21, the day with the most extensive shadows as the sun is at its southernmost point in the sky. Two additional days, November 26 and December 11, were selected to confirm the daily pattern. On these two days, a shadow was cast at three-minute and five-minute intervals, respectively. The study was conducted using 3D Studio Max shadow-casting software and a computer model of the hospital campus and proposed buildings. Areas of shadow were calculated using Auto CAD Release 14. The computer model was developed from aerial and ground surveys, project plans, aerial photography, Olympia Way curb elevations, and a site survey of a portion of the park in relation to curb elevations. The shadow consultant conducted an independent check of key shadows to verify the results of the computer-modeling program. Shadows were cast to determine the first and last days of the year that project shadows would reach the park and the first minute when shadows would reach the park during each day of the incursion period.

D2(b) Findings

Figure 3.7-2, Shadow Projections: December 21, 3:54 PM, shows the project-generated shadow on December 21, the day with the most extensive shadow, thus representing the “worst case.” As illustrated on the figure, the shadows from the proposed structures would be cast on Olympia Way and within the southern part of Midtown Terrace Park. Approximately two-thirds of the shadow would occur in the area east of the grass field, an area that contains utility buildings and a service access road. The remaining shadow would occur on a portion of the grass area east of the community building and playground equipment. The shadow from the proposed structures would not fall on the community building, the playground equipment, or the landscaped area of the park.

² The modeling was conducted for the proposed Clarendon Hill West and East Buildings since these are the buildings that would result in a shadow on the adjacent Midtown Terrace Park.



SOURCE: Arnshen+ Allen Architects

FIGURE 3.7-1

Proposed Project and Midtown Terrace Park

LAGUNA HONDA HOSPITAL REPLACEMENT EIR

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SOURCE: Anshen+ Allen Architects

FIGURE 3.7-2

Shadow Projections: December 21, 3.54 PM, PST

LAGUNA HONDA HOSPITAL REPLACEMENT EIR

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The results of the study indicate that shadow from the proposed project would first occur in the park on November 17, would reach a maximum on December 21, and would not completely diminish until January 23. The proposed project would not cast a shadow on the park from January 24 through November 16. The results of the study also indicate that the duration of shadowing on November 17 and January 23 would be less than one minute. On December 21, the regulated shadow cast on the park would last for 17 minutes, from 3:37 PM until 3:54 PM, one hour before sunset.

The San Francisco Recreation and Park Commission has not established an allowable increment of new shadow for Midtown Terrace Park. Therefore, the number of shadow square-foot hours per year that the proposed buildings would generate was compared to the park's total sunlight square-foot hour availability to quantify the impacts of the proposed project.

Under Proposition K, the number of sunlight hours available during one solar year is 3,721.4 hours. Since the park has no significant pre-existing shadows from buildings, the maximum number of square foot hours of available sunlight is 3,721.4 hours times the area of the park, 525,106 square feet, for a total of about 1.95 million available sunlight square-foot hours. The percent change in sunlight square-foot hours is calculated by dividing the shadow square-foot hours resulting from the project by the park's total sunlight square foot hours. Based on the sum of maximum shadow³ areas cast each day over the course of the year, about 138,000 shadow square foot hours, shadowing from the proposed project would result in about a 0.007 percent reduction in sunlight square foot-hours to the park.

In addition to the above results, a minute-by-minute determination was performed for the date of December 21 (the date of maximum incursion). A minute-by-minute determination provides a more accurate estimate of the total shadow square foot hours per year. The results of this analysis indicate that the actual shadow area each day would not exceed 50 percent of the maximum shadow ("last minute maximum"). Therefore, the total percentage intrusion of the shadows over the course of an entire year would be 0.5 times 0.007 percent, or about 0.0035 percent.

³ A yearly total calculated on the basis of the maximum shadow cast each day overstates the total exposure, because the maximum area only occurs at the last minute before the end of the regulated time period each day. On each day, the shadow area grows at an increasing rate; thus the last minute is the maximum shadow for that day.

In addition, existing trees on the Laguna Honda hospital campus currently cast a shadow on the park. **Figure 3.7-3, Shadow from Existing Trees and Proposed Buildings**, shows a composite of the shadow from the existing trees and the proposed project, on December 21 at 3:54 PM. The figure indicates that the project would not cast any new shadow beyond that from the existing trees on the park. The above calculations do not take into account the shade created by the existing trees in the project vicinity.

D2(c) Conclusions

Based on a preliminary shadow fan conducted by the San Francisco Planning Department, the proposed project would add new shadow on Midtown Terrace Park northeast of the hospital campus during the winter solstice when shadow lengths are greatest. Further analysis was conducted to evaluate potential shadow impacts to the park during the winter afternoons. The analysis determined that shadow from the proposed project would reach the park on winter afternoons during times regulated by Planning Code Section 295. The analysis also determined that the duration of shadowing during each day would range from less than one minute on November 17 and January 23 to a maximum of 17 minutes on December 21. Therefore, the total time period of the shadow incursion would occur during approximately two months of the winter.

The intrusion of shadow from the proposed buildings would not exceed 0.0035 percent of the available sunlight to the park. Approximately two-thirds of the new shadow would be in the area east of the grass field, an area that contains utility buildings and a service access road. Approximately one-third of the shadow impact would occur in the open grass area. Shadow from the proposed project would not be cast on the children's play area or the landscaped area. Because the shadowing would occur only at the end of the winter afternoons on a portion of the grass field, the project shadow is not likely to interfere with the public use of the open grass area. In addition, existing trees within the project site currently cast a shadow on the park, and therefore, persons using the park would not experience any new shadow from the project.



SOURCE: Anshen+ Allen Architects

FIGURE 3.7-3

Shadows from Existing Trees and Proposed Buildings

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Given the time of day, the period of the year, and the duration of the shadow, the shadow is unlikely to deter visitors from using the park. The recreational uses of the park, including the community building, the children's playground, and the area of the grass field away from the street and next to the landscaped area, would have complete access to sunlight.

In the past, new shadows have been found less than significant for environmental purposes if they fall within the cumulative limits established by the Commission resolution under Planning Code Section 295, or if they are "de minimus." Because no cumulative limit for shadow has been developed for Midtown Terrace Park, the Planning Department, for purposes of this document, relied on the guidelines established in Planning Code Section 147 to analyze shadow impacts.

Based on the detailed shadow analysis prepared for the proposed project and the guidelines set forth in Planning Code Section 147, the Planning Department finds that the shadow impacts of the proposed project are de minimus, and therefore, not significant for environmental purposes. In addition, it is anticipated that the shadow impacts on the adjacent Midtown Terrace Park from the proposed project would not be considered significant under Planning Code Section 295. This finding is subject to a final determination by the Planning Commission, acting with the advice of the Recreation and Park Commission.

The remainder of the Draft EIR is hereby revised to be consistent with the inclusion of the shadow section, as follows.

[p. 1.0-1, fourth paragraph, fourth sentence] "In the Initial Study, the following effects of the Laguna Honda hospital project have been determined to be less than significant or to be mitigated through measures included in the project: population, air quality (air quality standards, pollutant concentrations, odors, and wind), utilities/public services, biology, geology/topography, water, energy/natural resources, hazards (emergency response plans and fire hazards), and archaeological and paleontological resources."

[p. 1.0-2, first paragraph, second sentence] "These issues are discussed in the Initial Study (see Appendix 1.0) and require no further environmental analysis in this EIR, with the exception of air quality (shadow effects). Based on project design modifications subsequent to the Initial Study, a shadow section is provided in this EIR."

[p. 1.0-8, added after fourth paragraph] "B7. Shadow .

Impacts related to shadow were found to be less than significant in the Initial Study. However, due to project design changes subsequent to the Initial Study, the San Francisco Planning Department conducted a preliminary shadow analysis. Based on this analysis, it was determined that the proposed project is subject to Proposition K because the project would cast a shadow on the adjacent Midtown Terrace Park (a public use area and a park under the jurisdiction of the Recreation and Parks Department) during the winter afternoons. The proposed project would not cast shadows in other public areas surrounding the hospital campus.

Given the above, a detailed shadow analysis was conducted for the proposed project to determine shadow impacts. The analysis indicated that the percentage of incursion of shadows from the proposed project buildings would be low compared to the available sunlight to the park, and a majority of the shadow would be cast on the tree-covered and non-public parts of the Midtown Terrace Park. Lastly, the San Francisco Planning Department received the detailed shadow analysis prepared for the proposed project. Based on the analysis, the Planning Department believes that the proposed project's shadow impact on the adjacent Midtown Terrace Park would be less than significant. However, the Recreation and Park Commission must also make a determination as to

whether the shadow impact is or is not significant in accordance with Planning Code Section 295. The final determination regarding the significance of the project's shadow impact will be made by the Planning Commission, which will consider the conclusions drawn by the Planning Department and Recreation and Park Commission."

[p. 2.0-19, fifth full paragraph] "Approvals that may be required by the project sponsor include EIR certification; General Plan amendment; Zoning Map amendment; conditional use permit; shadow impact determination under Planning Code Section 295; priority policies consistency; demolition and building permits; San Francisco General Plan Consistency; and Art Commission approval.

[p.2.0-21, new subsection before Subsection F5., Priority Policies Consistency] "F4. Shadow Impact Determination Under Planning Code Section 295

Section 295 of the San Francisco Planning Code was adopted in response to Proposition K (passed in November 1984) in order to protect public open spaces from shadowing by new structures during the period between one hour after sunrise and one hour before sunset, year-round. Section 295 restricts new shadow upon public open spaces under the jurisdiction of the Recreation and Park Department by any structures exceeding 40 feet unless the City Planning Commission, in consultation with the General Manager of the Recreation and Park Department, finds the impact to be insignificant.

The proposed hospital buildings would vary from five to seven stories high, with heights of up to 86.5 feet, and the new assisted living facility would be approximately four stories high, with heights of about 50 feet. Therefore, these buildings are subject to the Proposition K requirements."

[p 3.0-1, first paragraph, third sentence] "Therefore, the EIR does not discuss most of these issues. However, the EIR does address shadow effects on public areas (Proposition K), because the proposed project has been refined subsequent to the completion of the Initial Study."

[p. 6.0-8, third paragraph, first sentence] "The Initial Study prepared for the proposed project determined that impacts in the following issue areas would be less than significant: population, operational noise, air quality (air quality standards, pollutant concentrations, odors, and wind), utilities/ public services, biology, geology/ topography, water, energy/ natural resources, hazards (emergency response plans and

fire hazards) and archaeological and pale ontological resources.”

[p. 6.0-10, top of page, just before first full sentence] “The Initial Study for the proposed project also found that the air quality/shadow effects of the project would be less than significant. However, the EIR includes an analysis of project shadow effects pursuant to Proposition K, because the proposed project has been refined subsequent to the completion of the Initial Study. Therefore, the analysis of Alternative One includes a discussion of shadow.”

[p. 6.0-12, added after fifth paragraph] “Shadow

A qualitative analysis was conducted of the shadow impacts of Alternative One. The analysis found that the proposed Clarendon Hill East Building would cast a shadow on the adjacent Midtown Terrace Park during the same time of the year as the proposed project.

Alternative One would cast less of a shadow near the community building and more of a shadow on the eastern side of the grass area, compared to the proposed project. Similar to the proposed project however, the shadow from Alternative One would not reach the children’s playground in the park. The total shadow square foot hours under Alternative One would be about 40 percent higher than the proposed project, that results in a 0.01 percent reduction in sunlight square foot-hours to the park.

Similar to the proposed project, given the time of day, the period of the year, and the duration of the shadow, the shadow is unlikely to deter visitors from using the park. The recreational uses of the park, including the community building, and the children’s playground would have complete access to sunlight. The percent reduction in sunlight square foot hours to the park would be slightly higher under this alternative (i.e., 0.03 percent higher). For these reasons, it appears that Alternative One would have a less than significant impact related to shadow.”

[p. 6.0-13, second paragraph, add after fifth sentence] “Based on a qualitative shadow analysis conducted for Alternative One, similar to the proposed project, shadow impacts would be less than significant.”

[p. 6.0-15, third paragraph, first sentence] “The Initial Study prepared for the proposed project determined that impacts in the following issue areas would be less than significant: population, operational noise, air quality (air quality standards,

pollutant concentrations, odors, and wind), utilities/public services, biology, geology/topography, water, energy/natural resources, hazards (emergency response plans and fire hazards) and archaeological and pale ontological resources."

[p. 6.0-15, sentence added to end of third paragraph] "The Initial Study for the proposed project also found that the air quality/shadow effects of the project would be less than significant. However, the EIR includes an analysis of project shadow effects pursuant to Proposition K, because the proposed project has been refined subsequent to the completion of the Initial Study. Therefore, the analysis of Alternative Two includes a discussion of shadow."

[p. 6.0-17, added after fifth paragraph] "Shadow

A qualitative analysis was conducted of the shadow impacts of Alternative Two. The analysis found that the placement, size, and shape of the proposed Clarendon Hill West and East Buildings under this alternative would be identical to the proposed project. Subsequent to the completion of the Initial Study, a quantitative shadow analysis was prepared for the proposed project and is discussed in detail in Section 3.7, Shadow, of this EIR. The findings of this shadow analysis would also apply to Alternative Two due to the identical nature of the proposed buildings (Clarendon Hill West and East and Greenhouse Building). Therefore, similar to the proposed project, Alternative Three would not cast a significant shadow on the adjacent Midtown Terrace Park and impacts to shadow are considered less than significant for this alternative."

[p. 6.0-18, second paragraph, added after seventh sentence] "Because the size, placement, and design of the proposed Clarendon Hill West and East Buildings are identical to the proposed project, shadow impacts would be similar to the proposed project, less than significant."

[p. 6.0-20, second paragraph, added after sixth sentence] "There would be no additional shadow cast on Midtown Terrace Park."

[p. 6.0-23, added row between row six and seven to **Table 6.0-4, Comparison of Impacts by Alternative**]

<u>Shadow</u>	<u>No significant impacts</u>	<u>No significant impacts</u>	<u>No significant impacts</u>	<u>No significant impacts</u>	<u>Impacts of new facilities too speculative to predict</u>
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[p. 7.0-5, added new reference just before **Section 6.0 Alternative** reference] "**Shadow**

Morlin, Mike, Assistant Superintendent of Parks, San Francisco Recreation and Park Department, personal communication, January 26, 2001."

C. OTHER STAFF-INITIATED REVISIONS

C1. Construction Period

The Draft EIR includes an incorrect statement on p. 1.0-4 regarding the length of the construction period. In order to correct this mistake, the Draft EIR is hereby revised as follows:

[p. 1.0-4, first partial paragraph, second sentence] "~~The entire construction period is expected to take five to six years, lasting until approximately Fall 2010. The entire construction period is expected to take eight years, lasting until approximately Fall 2010.~~"

C2. General Plan Amendment

San Francisco Planning Department staff have determined that the proposed project would not require an amendment to the San Francisco *General Plan*. Originally, it was anticipated that a *General Plan* amendment may have been required to amend the boundary lines between the developed and open space areas on the campus. However, the Planning Department recently determined that the proposed project would not result in a substantial change in the open space boundary. Therefore, a *General Plan* amendment is not needed for the proposed project, and the following revisions to the Draft EIR have been made:

[p. 1.0-4, second full paragraph, fifth sentence, first bullet] "In addition to EIR certification, the proposed project would require the following approvals:

~~• General Plan amendment;~~

[p. 1.0-4, second full paragraph, fourth sentence] "An adjustment to the existing boundary line would require a Zoning Map amendment pursuant to Section 302 of the Planning Code and a ~~General Plan amendment.~~"

[p. 2.0-19, fifth full paragraph] "Approvals that may be required by the project sponsor include EIR certification; ~~General Plan amendment;~~ Zoning Map amendment; conditional use permit; priority policies consistency; demolition and building permits; San Francisco General Plan Consistency; and Art Commission approval. A discussion of each of these requirements is provided below. Initially it was anticipated that a General Plan amendment would also be required to amend the boundary lines between the developed and open space areas on the campus. However, after reviewing project plans, the Planning Department determined that the proposed project would not result in a substantial change in the open space boundary. As a result, a General Plan amendment would not be necessary for approval of the project."

[p. 2.0-20, second full paragraph] "~~F2. General Plan Amendment~~

~~Due to the proposed siting of the new/replacement buildings, the project may result in a change to the boundary between the developed and open space areas on the site, as shown in the San Francisco General Plan. Such an adjustment would require amending the boundary lines within the project site on the following maps of the General Plan: Map 1 (Public Ownership of Existing Open Space) and Map 4 (Citywide Recreation & Open Space) in the Recreation and Open Space Element; and Map 4 (Urban Design Guidelines for Heights of Buildings) in the Urban Design Element.~~

~~The amendment would require a hearing by the Planning Commission. If the Commission finds "from the facts presented that the public necessity, convenience and general welfare require the proposed amendment or any part thereof," the Commission shall approve the amendment and present it to the Board of Supervisors for approval. The Board may adopt the amendment by a majority vote."~~

[p. 2.0-20, fourth full paragraph, fourth sentence] "~~Similar to the procedures for an~~

~~amendment to the San Francisco General Plan, a~~An amendment to the Zoning Map would require a hearing by the Planning Commission."

[p. 3.1-1, first paragraph, fourth sentence] *"An adjustment to the existing boundary line would require a Zoning Map amendment pursuant to Section 302 of the Planning Code and a General Plan amendment."*

[p. 3.1-10, subsection F1(a), third and fourth sentences] "This rezoning would require both a modification to the Zoning Map (Sheet 6-H) and a ~~General Plan amendment~~, as discussed below. Pursuant to Section 302 of the Code, the Zoning Map modification and ~~General Plan amendments~~ would require a public hearing by the Planning Commission."

[p. 3.1-12, subsection F2] **~~F2. General Plan Amendments~~**

~~Due to the proposed siting of the new/replacement buildings, the project may result in a change to the boundary between the developed and open space areas on the site, as shown in the San Francisco General Plan. This adjustment would involve amending the boundary lines within the project site on the following maps: Map 1 (Public Ownership of Existing Open Space) and Map 4 (Citywide Recreation & Open Space) in the Recreation and Open Space Element; and, Map 4 (Urban Design Guidelines for Heights of Buildings) in the Urban Design Element."~~

[p. 6.0-10, third full paragraph] ~~"The proposed location of the replacement buildings could require modification of the boundary between the 80-D and OS height and bulk districts. The extent of the potential boundary modification between the 80-D and OS districts on the site is not known at this time, because the current boundary is approximate and its precise location on the site is not known. That adjustment would be considered a Planning Code Amendment pursuant to Section 302 of the Code. Modification of the bulk district boundary may result in a decrease in the amount of land designated as open space on the project site; however, the majority of the undeveloped land on the project site would remain. There would be somewhat less open space in the east-central part of the site under this alternative compared to the proposed project because of the increased size of the Greenhouse and Clarendon East buildings. The existing open space boundary has not been clearly defined by the Planning Department and is presented as an approximation on Figure 2.0-2, Existing Site Plan. However, the Planning Department determined that the proposed project would not result in a substantial change in the open space boundary and thus a General~~

Plan amendment would not be needed to implement the proposed project."

[p. 6.0-15, fifth paragraph] "The proposed location of the replacement buildings could require modification of the boundary between the 80-D and OS height and bulk districts. The extent of the potential boundary modification between the 80-D and OS districts on the site is not known at this time, because the current boundary is approximate and its precise location on the site is not known. That adjustment would be considered a Planning Code Amendment pursuant to Section 302 of the Code. Modification of the bulk district boundary may result in a decrease in the amount of land designated as open space on the project site; however, the majority of the undeveloped land on the project site would remain. The land area used for development would be similar to that used under the proposed project. The existing open space boundary has not been clearly defined by the Planning Department and is presented as an approximation on Figure 2.0-2, Existing Site Plan. However, the Planning Department determined that the proposed project would not result in a substantial change in the open space boundary and thus a General Plan amendment would not be required for the proposed project."

C3. Alternative Three Summary

As described earlier in this document, the project sponsor has developed a preferred alternative, Alternative Three (please refer to Section 2.0 of this document). The following summary will be added to the Draft EIR.

[p. 1.0-19, add after first paragraph] "Partial Preservation Alternative Three

Alternative Three would retain and rehabilitate portions of the Main Hospital Building including Wings A, B, C, and H for administrative use and Wings K and M and portions of Wings L and O as an assisted living facility. This alternative would reduce levels of impacts to historic architectural resources by retaining Wings K and M and portions of L and O of the Main Hospital Building. Although other wings would be demolished under this alternative, the retention of the additional wings would leave more of the building intact. However, impacts to historic architectural resources would still be significant. Construction noise levels during Phase Three-B would be lower than under the proposed project, but would still be significant. Impacts to transportation, circulation, and parking would be less than significant, similar to the proposed project. Impacts regarding land use and planning would be similar to those of the proposed

project; i.e., less than significant. This alternative would have the same significant impact to view from Twin Peaks as under the proposed project. Impacts to shadow on Midtown Terrace Park would be less than significant, the same as the proposed project. Alternative Three would meet all 20 objectives."

C4. Elevation of the Existing Hospital Buildings

The height of Wing K in the existing Main Hospital Building extends to an elevation of 649 feet msl, which is above the maximum tower height reported in **Chapter 2.0, Project Description**, of the Draft EIR. The Draft EIR is hereby revised to correct this inaccuracy as follows:

[p. 2.0-11, first full paragraph, sixth sentence] "(By comparison, the grade level of the front of the existing Main Hospital Building is at an elevation of 516 feet msl, and the building height extends to 579 feet msl at roof level and ~~619~~ 649 feet msl at the tower [which is at the front and center of the existing Main Hospital Building]."

[p. 3.3-11, third full paragraph, second sentence] "The roof levels of the proposed buildings would range in elevation from about 560 feet to about 605 feet above msl, while the roof levels of the existing hospital buildings range in elevation from 579 feet to ~~619~~ 649 feet above msl."

C5. Changes to Table 6.0-2, Comparison of Impacts by Alternative

Table 6.0-2, Comparison of Impacts by Alternative, (renumbered as **Table 6.0-4**) is hereby revised to include a comparison of Alternative Three to the proposed project and the other two alternatives presented in the Draft EIR. The revised table is presented at the end of this chapter.

C6. Changes to Draft EIR Graphics

Figure 3.3-3, View 2: Looking Northeast from Edgehill Way, incorrectly labels the proposed Clarendon Hill East Building as the proposed Greenhouse Building, and does accurately identify the proposed Greenhouse Building. This figure is hereby revised to correctly label the proposed Clarendon Hill East and Greenhouse buildings. In addition, the **Project Phasing Plans** in **Appendix 2.0-2** of the Draft EIR have been revised to reconcile minor inconsistencies. These revised figures are included in this chapter.

Table 6.0-24
Comparison of Impacts by Alternative

Impact Category	Proposed Project	Alternative One	Alternative Two	Alternative Three	No Project Alternative
Land Use	No significant impacts	No significant impacts	No significant impacts	<u>No significant impacts</u>	Impacts too speculative to predict
Transportation, Circulation, and Parking	No significant impacts	No significant impacts	No significant impacts	<u>No significant impacts</u>	Impacts too speculative to predict
Visual Quality	Significant impact to view from Twin Peaks Park	Significant impact to view from Twin Peaks Park	Significant impact to view from Twin Peaks Park	Significant impact to view from <u>Twin Peaks Park</u>	Impacts too speculative to predict
Construction Noise	Significant impacts to hospital residents during all phases; significant impacts to senior housing residents during Phase Three-B; significant exceedance of City Noise Ordinance at times during construction	Significant impacts to hospital residents during all phases except Phase Three-A; significant impacts to senior housing residents during portions of Phase Three-B; potential significant impact to Dellbrook residents during Phase Two; significant exceedance of City Noise Ordinance at times during construction	Reduced noise impacts to hospital residents during Phase Three-B, but still significant; significant exceedance of City Noise Ordinance at times during construction	<u>Reduced noise impacts to hospital residents during Phase Three-B, but still significant; significant exceedance of City Noise Ordinance at times during construction</u>	Impacts too speculative to predict

Table 6.0-4 (continued)
Comparison of Impacts by Alternative

Impact Category	Proposed Project	Alternative One	Alternative Two	Alternative Three	No Project Alternative
Historic Architectural Resources	Significant impacts due to demolition of Clarendon Hall, and Main Hospital, and support structures	Significant impacts due to demolition of Clarendon Hall, most of Main Hospital, and support structures; reduced impact due to preservation of Clarendon Hall	Significant impact due to demolition of Clarendon Hall and support structures; reduced impact due to more of Main Hospital preserved	Significant impact due to demolition of Clarendon Hall and support structures; reduced impact due to more of Main Hospital preserved	Impacts too speculative to predict
Hazards	Potentially significant impacts associated with hazardous building materials and soil and groundwater contamination	Potentially significant impacts associated with hazardous building materials and soil and groundwater contamination	Potentially significant impacts associated with hazardous building materials and soil and groundwater contamination	Potentially significant impacts associated with hazardous building materials and soil and groundwater contamination	Impacts too speculative to predict
Project Objectives	Meets project objectives	Meets 12 of 20 project objectives; would not meet Objectives 3, 9, 10, 11, 13, 16, 19, and 20	Meets 16 of 20 project objectives; would not meet Objectives 15 and 18; may not meet 19 and 20	Meets all project objectives	Does not meet most or all project objectives



VIEW 2: EXISTING VIEW



VIEW 2: VIEW WITH PROJECT

SOURCE: Merrill + Belfu Associates

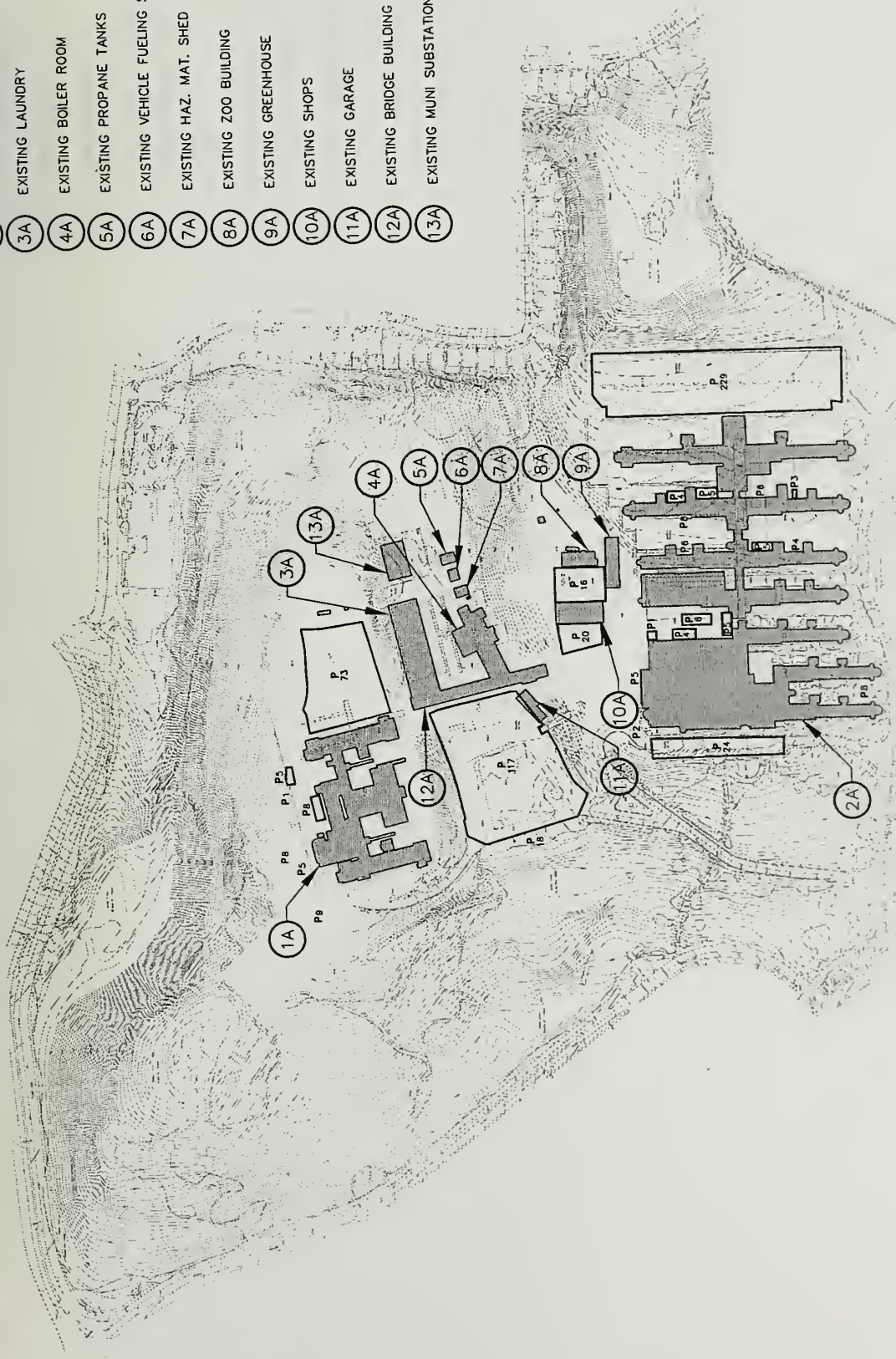
FIGURE 3.3-3

View 2: Looking Northeast from Edgehill Way(Revised)

LAGUNA HONDA HOSPITAL REPLACEMENT EIR

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- CLARENDON HALL - 162 BEDS
- MAIN HOSPITAL BUILDING - 987
- EXISTING LAUNDRY
- EXISTING BOILER ROOM
- EXISTING PROPANE TANKS
- EXISTING VEHICLE FUELING STATION
- EXISTING HAZ. MAT. SHED
- EXISTING ZOO BUILDING
- EXISTING GREENHOUSE
- EXISTING SHOPS
- EXISTING GARAGE
- EXISTING BRIDGE BUILDING
- EXISTING MUNI SUBSTATION

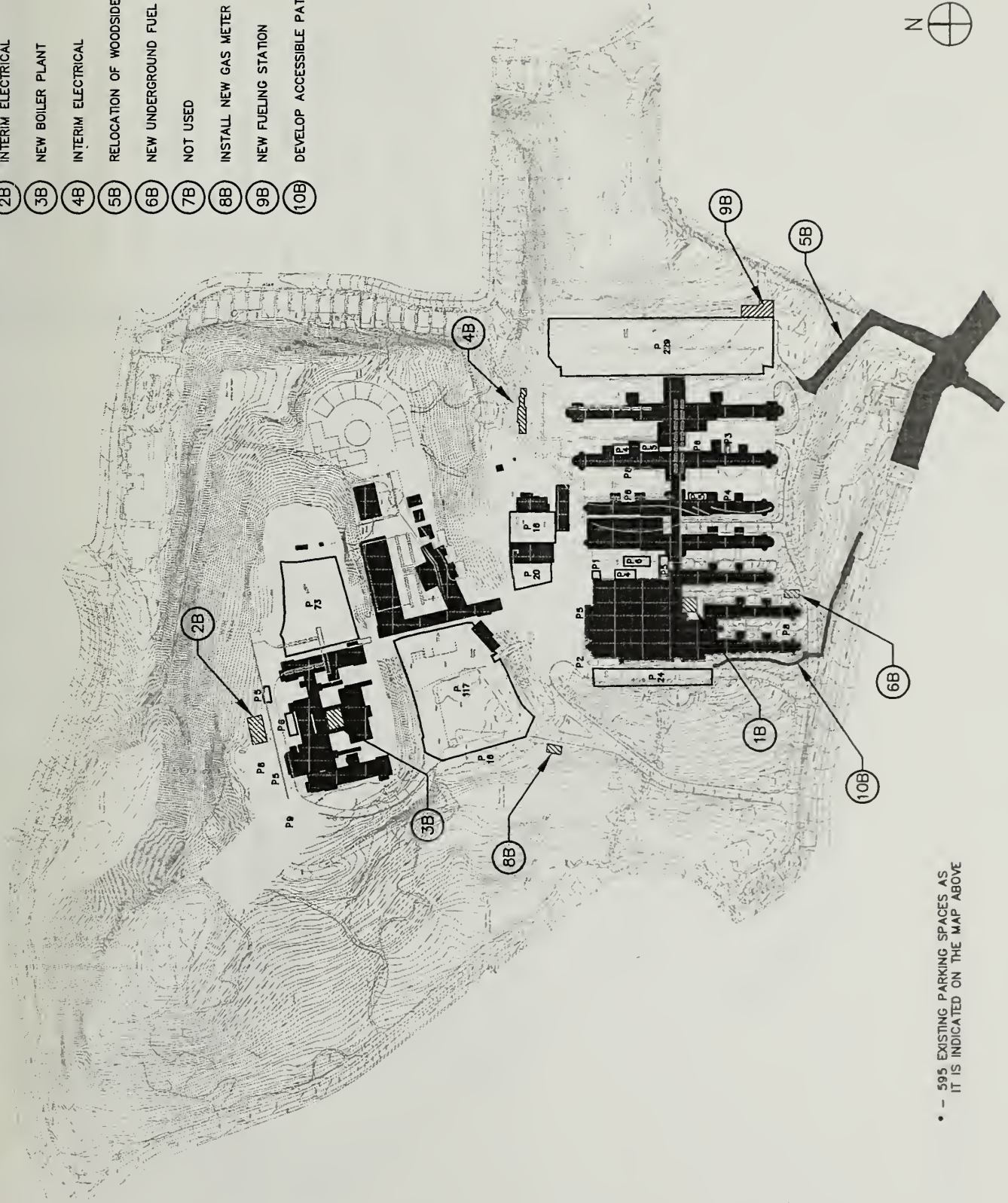


PHASE A

• - 603 EXISTING PARKING SPACES AS IT IS INDICATED ON THE MAP ABOVE

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- 1B NEW BOILER PLANT
- 2B INTERIM ELECTRICAL
- 3B NEW BOILER PLANT
- 4B INTERIM ELECTRICAL
- 5B RELOCATION OF WOODSIDE ENTRANCE
- 6B NEW UNDERGROUND FUEL STORAGE TANK
- 7B NOT USED
- 8B INSTALL NEW GAS METER
- 9B NEW FUELING STATION
- 10B DEVELOP ACCESSIBLE PATH



• - 595 EXISTING PARKING SPACES AS
IT IS INDICATED ON THE MAP ABOVE

PHASE B

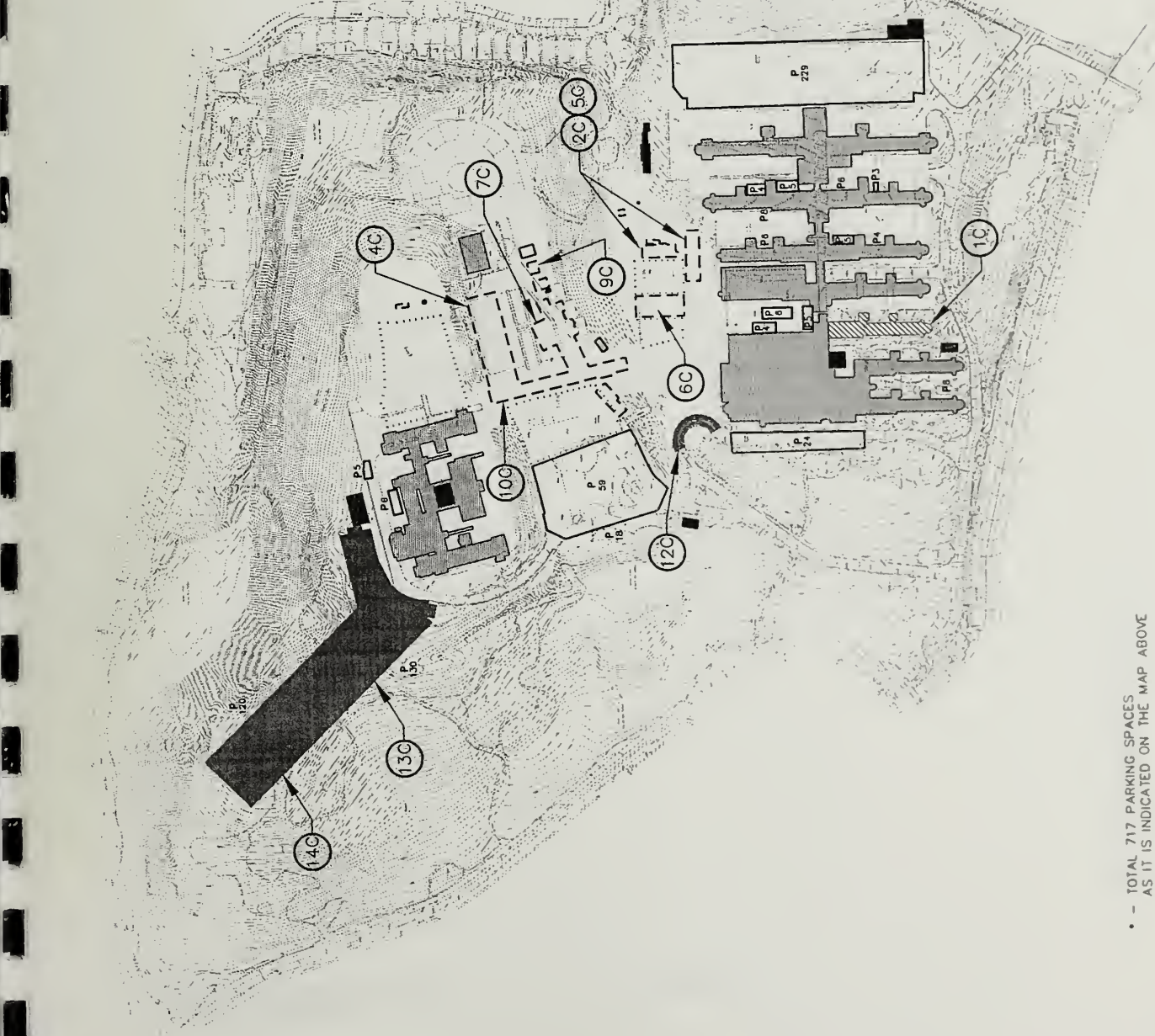
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- 1C TEMPORARY RELOCATE SHOPS TO C WING
- 2C TEMPORARY RELOCATE GREENHOUSE & FARM
- 3C RELOCATE LAUNDRY TO OYSTER POINT BLVD.
- 4C DEMOLISH LAUNDRY
- 5C DEMOLISH GREENHOUSE AND FARM
- 6C DEMOLISH SHOPS
- 7C DEMOLISH PLANT BUILDING
- 8C NOT USED
- 9C DEMOLISH FUELING STATION
- 10C DEMOLISH BRIDGE BUILDING
- 11C RELOCATE HAZARDOUS MATERIALS SHED
- 12C REWORK FRONT DRIVE
- 13C PERMANENT PARKING - 130 SPACES
- 14C INTERIM PARKING - 120 SPACES



PHASE C

• - TOTAL 717 PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE



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NOT USED

START GREENHOUSE BUILDING - 360 BEDS

START CLARENDON EAST BUILDING - 360 BEDS

START LINK BUILDING - 120 BEDS

INSTITUTE INTERIM LIFE SAFETY MEASURES

DEMOLISH STAIRS, EXTEND CORRIDORS

- 1D
- 2D
- 3D
- 4D
- 5D

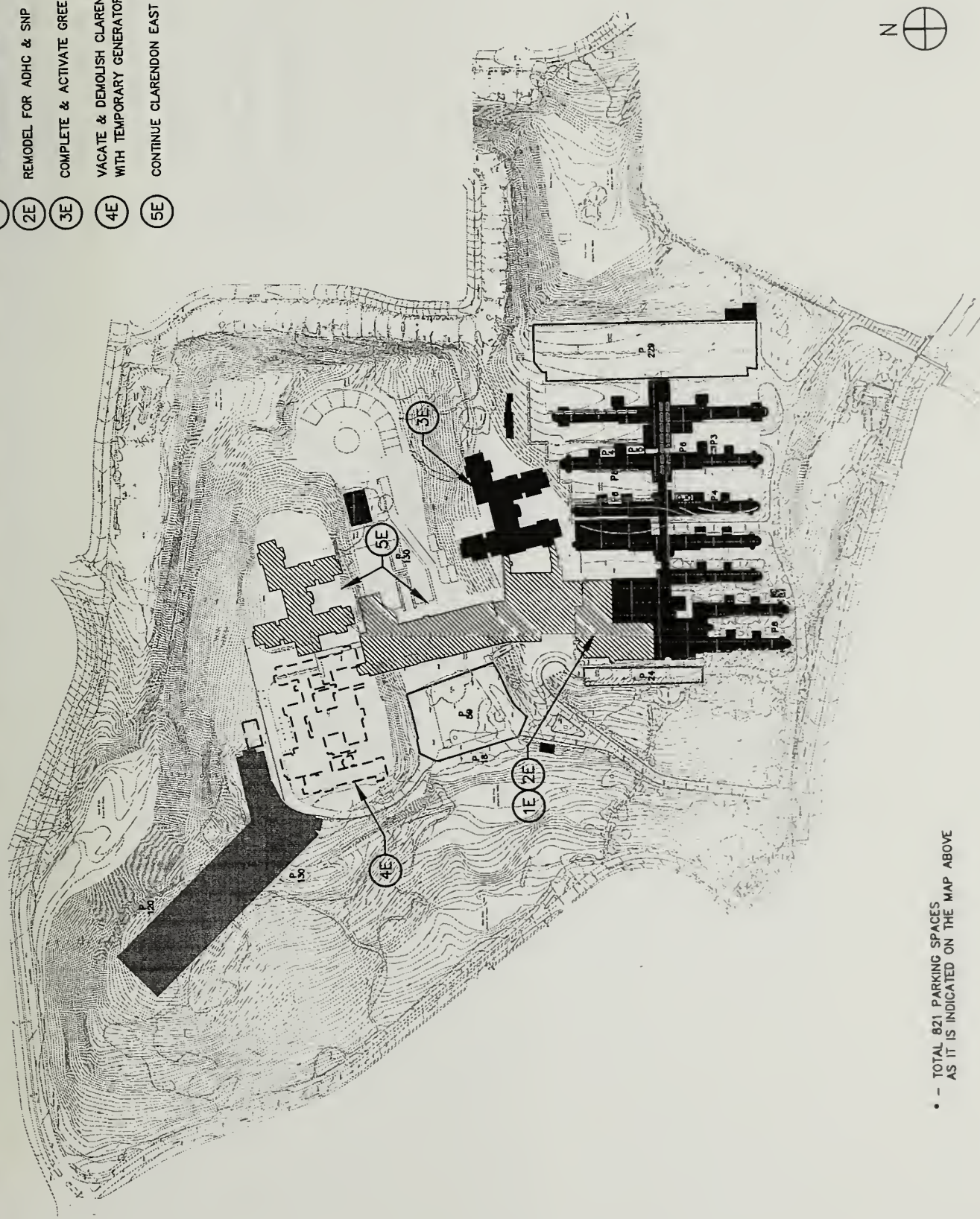


• - TOTAL 847 PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE

PHASE D

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- 1E COMPRESS FOOD SERVICES AT LEVEL 3
- 2E REMODEL FOR ADHC & SNP
- 3E COMPLETE & ACTIVATE GREENHOUSE BUILDING
- 4E VACATE & DEMOLISH CLARENDON HALL ALONG WITH TEMPORARY GENERATOR & FUEL TANK
- 5E CONTINUE CLARENDON EAST & LINK BUILDINGS



• - TOTAL 821 PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE

PHASE E

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1F START CLARENDON WEST BUILDING - 360 BEDS

2F COMPLETE & ACTIVATE CLARENDON EAST & LINK BUILDINGS

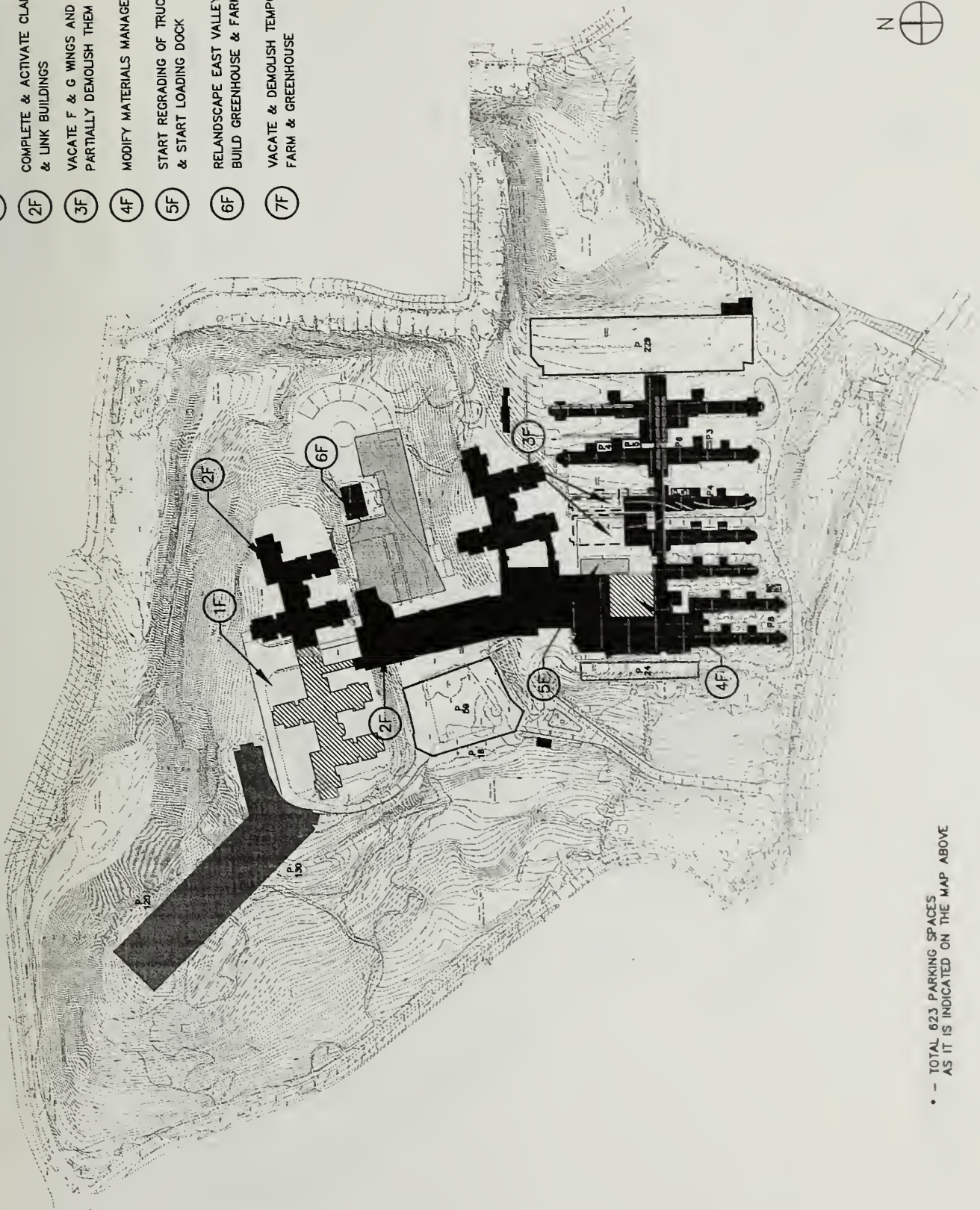
3F VACATE F & G WINGS AND PARTIALLY DEMOLISH THEM

4F MODIFY MATERIALS MANAGEMENT

5F START REGRADING OF TRUCK COURT & START LOADING DOCK

6F RELANDSCAPE EAST VALLEY, BUILD GREENHOUSE & FARM

7F VACATE & DEMOLISH TEMPORARY FARM & GREENHOUSE

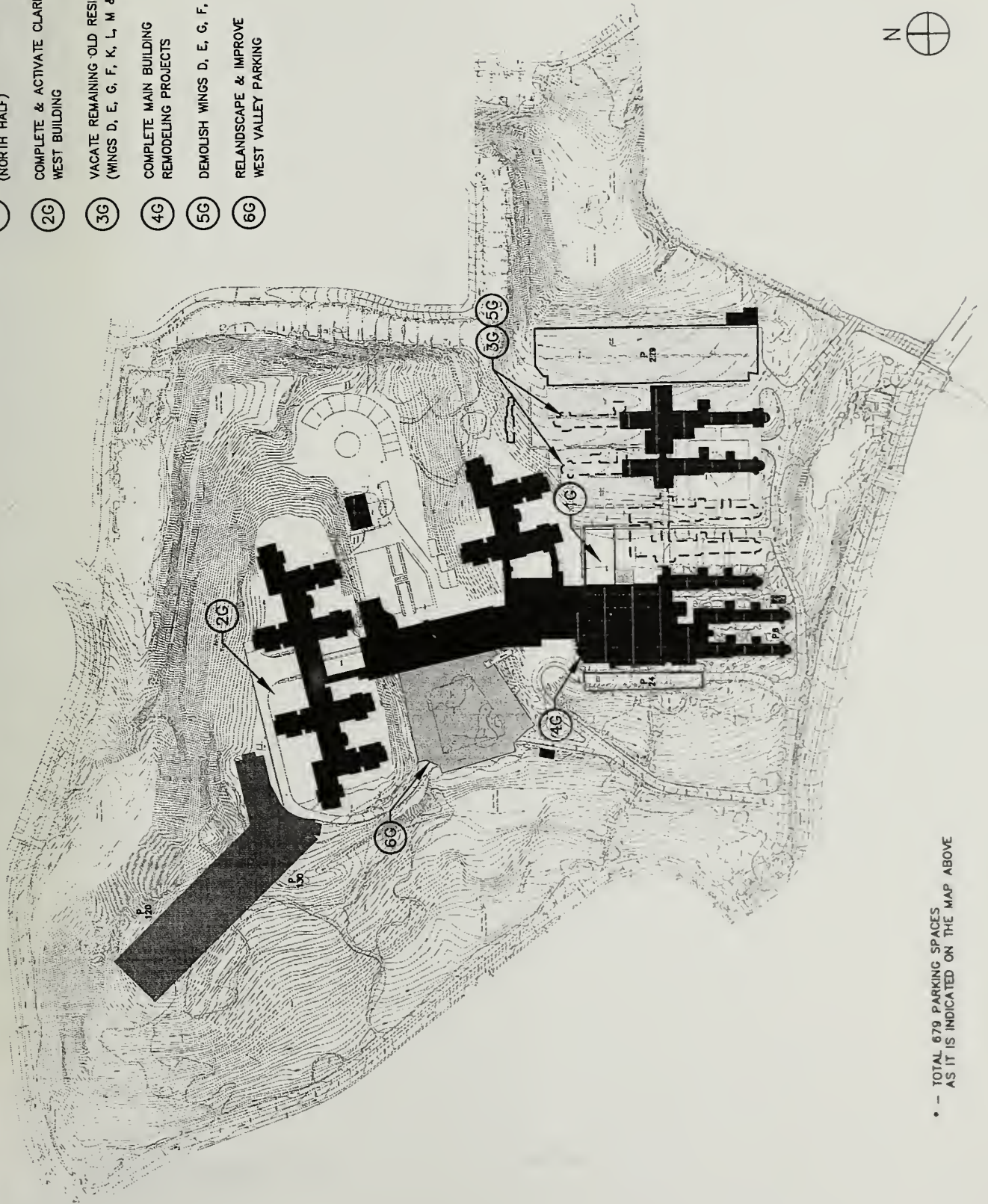


• - TOTAL 623 PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE

PHASE F

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- 1G COMPLETE & ACTIVATE NEW LOADING DOCK
(NORTH HALF)
- 2G COMPLETE & ACTIVATE CLARENDON
WEST BUILDING
- 3G VACATE REMAINING OLD RESIDENTIAL UNITS
(WINGS D, E, G, F, K, L, M & O)
- 4G COMPLETE MAIN BUILDING
REMODELING PROJECTS
- 5G DEMOLISH WINGS D, E, G, F, K, L, M & O
- 6G RELANDSCAPE & IMPROVE
WEST VALLEY PARKING



• - - TOTAL 679 PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE

PHASE G

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COMPLETE & ACTIVATE NEW LOADING DOCK
(SOUTH HALF)

1H

BUILD NEW EAST PARKING,
REWORK EXISTING EAST PARKING

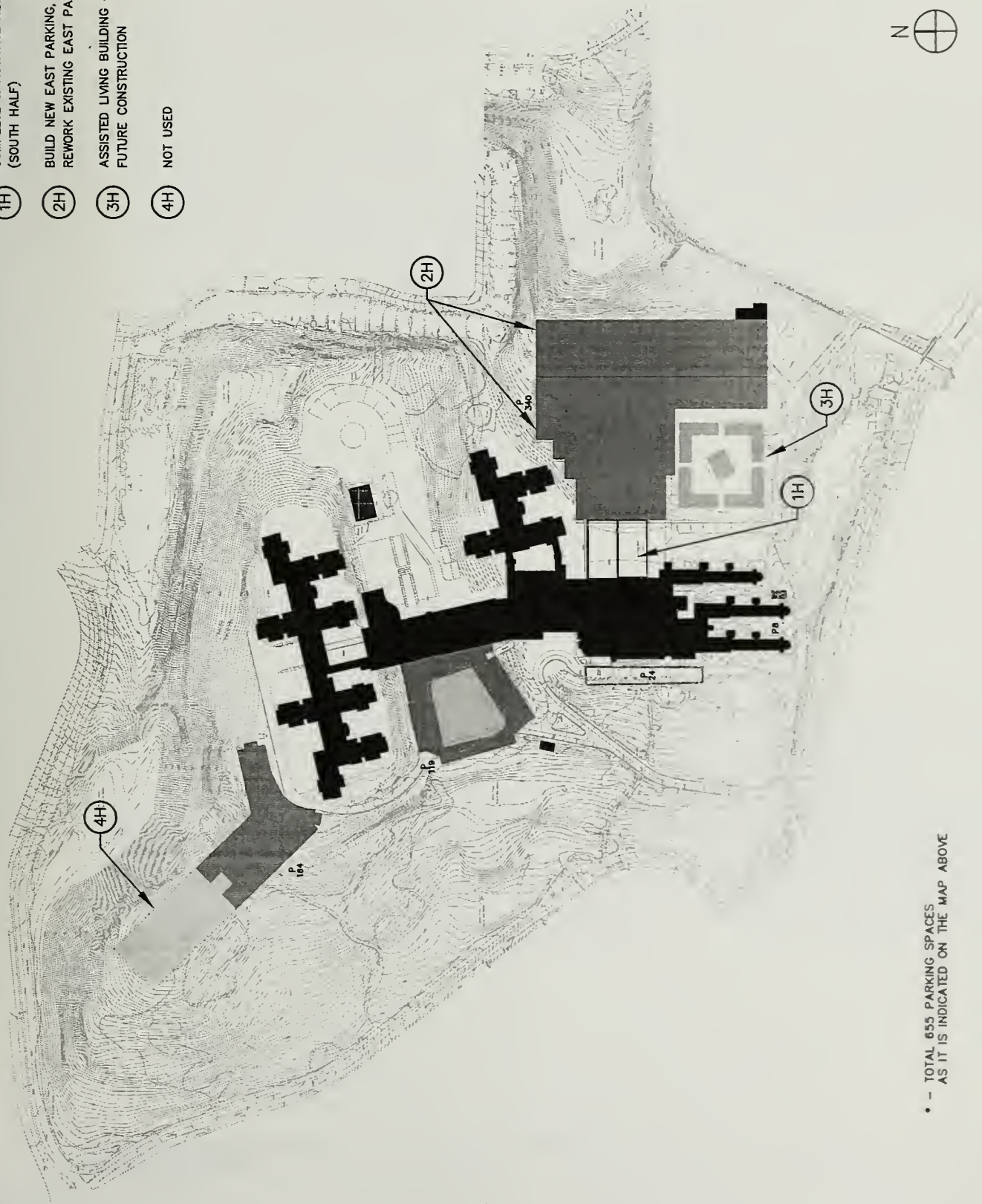
2H

ASSISTED LIVING BUILDING -
FUTURE CONSTRUCTION

3H

NOT USED

4H



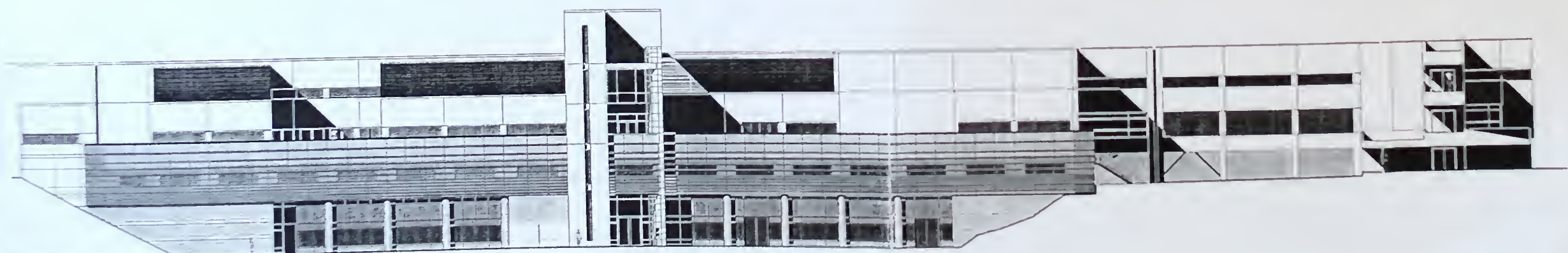
• - TOTAL 655 PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE

PHASE H

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East Elevation

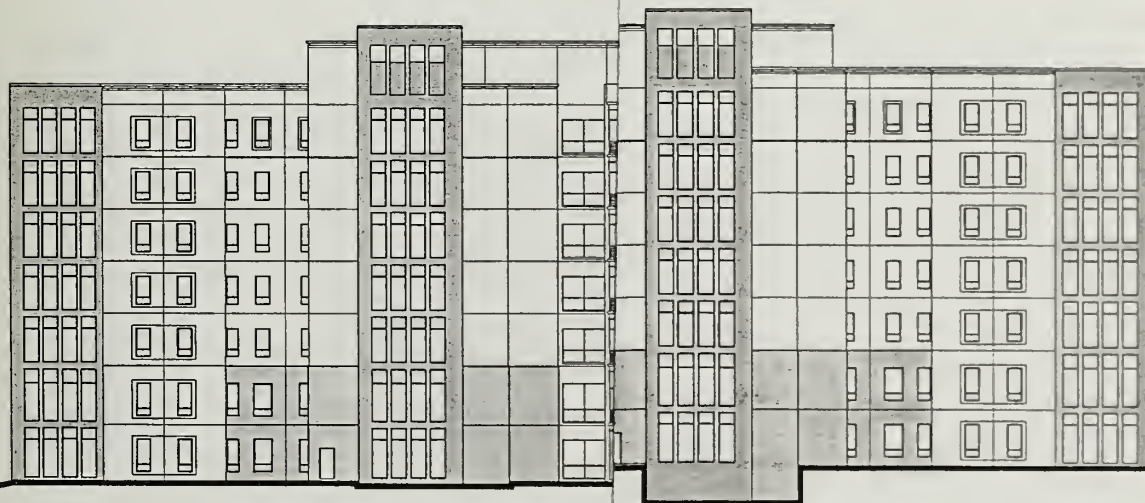


West Elevation

LINK BUILDING ELEVATIONS



North Elevation



South Elevation



EAST AND WEST CLARENDON ELEVATIONS

Laguna Honda Hospital Replacement
San Francisco, California

ANSHEN + ALLEN Architects
GORDON H CHONG & Partners
May 31, 2002



North Elevation

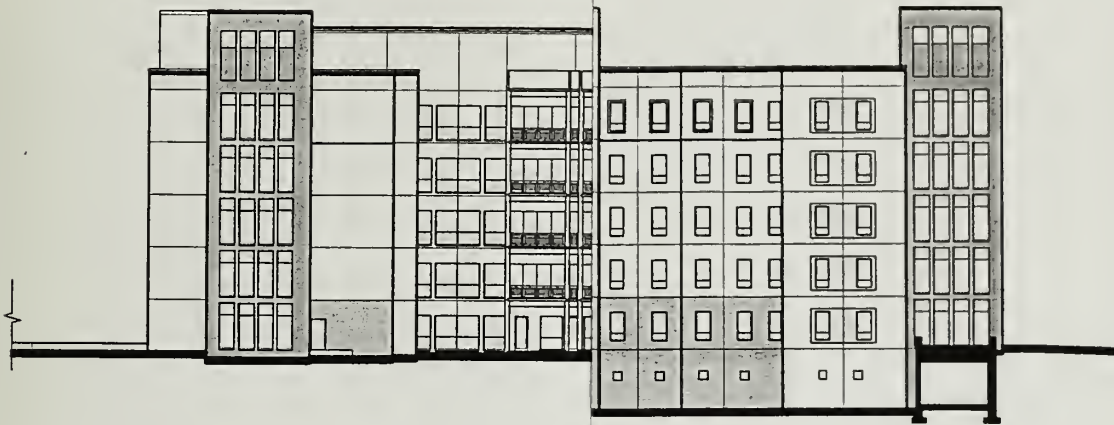


South Elevation

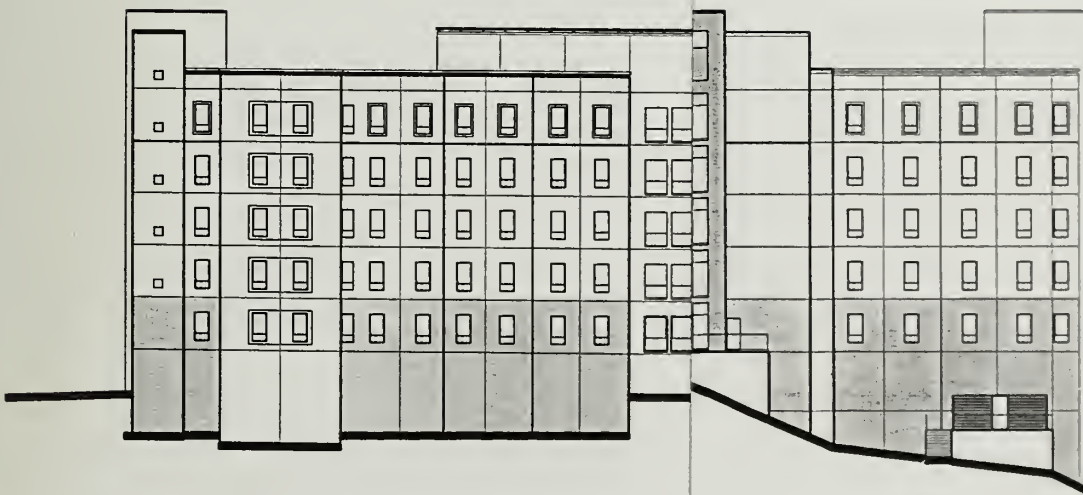


Laguna Honda Hospital Replacement Program
San Francisco, California

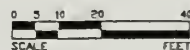
ANSHEN + ALLEN Architects
GORDON H CHONG & Partners
May 31, 2002



South Elevation



North Elevation



GREENHOUSE ELEVATIONS

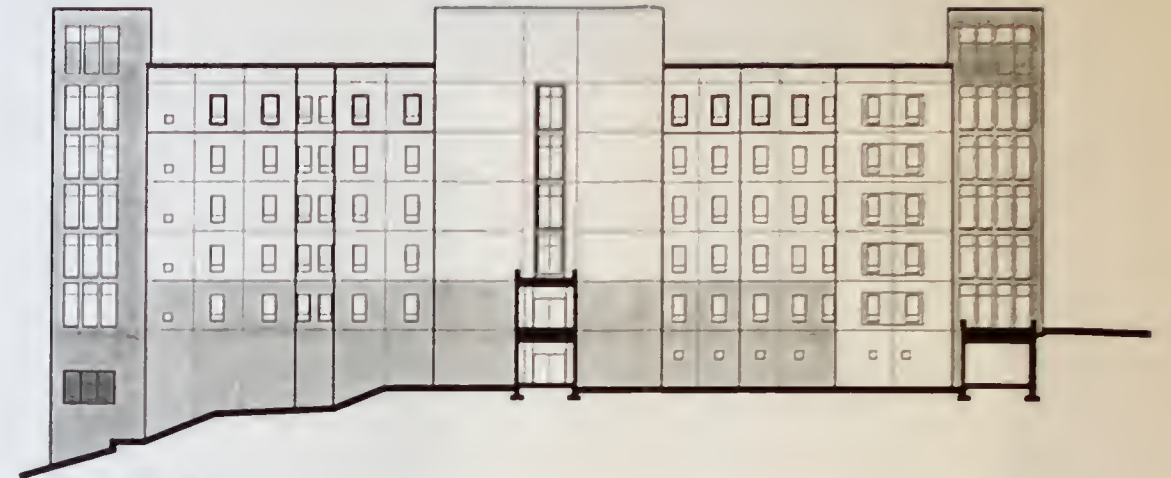


Laguna Honda Hospital Replacement
San Francisco, California

ANSHEN + ALLEN Architects
GORDON H CHONG & Partners
May 31, 2002



South Elevation



West Elevation



North Elevation



East Elevation



APPENDIX 1.0

Laguna Honda Replacement Initial Study,
Notice of Preparation, and Responses



PLANNING DEPARTMENT

City and County of San Francisco 1660 Mission Street, Suite 500 San Francisco, CA 94103-2414

(415) 558-6378

PLANNING COMMISSION
FAX: 558-6409

ADMINISTRATION
FAX: 558-6426

CURRENT PLANNING/ZONING
FAX: 558-6409

LONG RANGE PLANNING
FAX: 558-6426

February 3, 2001

TO: Responsible, Trustee Agencies, and Interested Parties

FROM: Hillary E. Gitelman, Environmental Review Officer

RE: Notice of Preparation of a Draft Environmental Impact Report

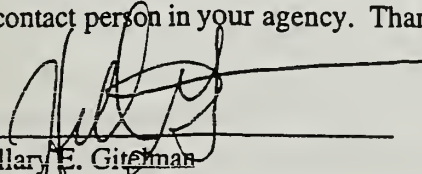
The City and County of San Francisco Planning Department is the Lead Agency and will prepare an Environmental Impact Report for the following project:

2000.005E: Laguna Honda Hospital Replacement Project - The proposed project is demolition of all existing Laguna Honda Hospital campus facilities, except the front part of the Main Hospital, and construction of a replacement hospital and a new assisted living facility. The replacement hospital would be approximately 765,000 gross square feet (gsf), including the 135,000-gsf portion of the existing hospital to be retained. This would be a net increase of about 75,100 gsf compared to the existing 689,900-gsf hospital. The replacement hospital would accommodate about 1,200 beds and would range from 3 to 7 stories, with a maximum height of 80 feet. The proposed assisted living facility would be approximately 95,000 gsf and would provide about 140 beds. It would be about 4 stories tall, or 50 feet in height. Existing off-street parking on the project site would be reconfigured to provide 648 spaces, and loading would be improved to provide three centralized loading areas. The 62-acre hospital campus is located in Twin Peaks within Assessor's Block 2842, Lot 7, and is generally bounded by Clarendon Avenue, Laguna Honda Boulevard, Dellbrook Avenue, and Panorama Drive. It is within a P (Public) zoning district, and portions are within the 80-D and the OS (Open Space) height and bulk districts. An expanded description of the project and a list of potential environmental effects are included in the attached Initial Study.

The Notice of Preparation of a Draft Environmental Impact Report (EIR) and Notice that an EIR is Determined to be Required for the above-referenced project are being sent to you because you have expressed an interest in the proposed project, or because you have been identified by the Planning Department as potentially having an interest in the project. Notice of publication of these documents will be printed in a newspaper of general circulation on the day following the day that these notices were mailed to you. As stated in the enclosed Notices, the Planning Department has determined that pursuant to the California Environmental Quality Act (CEQA) an EIR must be prepared prior to any final decision regarding the project.

We need to know the views of your agency as to the scope and content of the environmental information which is germane to your agency's statutory responsibilities in connection with the proposed project. Your agency may need to use the EIR when considering a permit or other approval for this project.

Written comments on the scope of the EIR will be accepted until the close of business on March 5, 2001. Written comments should be sent to: Hillary Gitelman, Environmental Review Officer, San Francisco Planning Department, 1660 Mission Street, Ste. 500, San Francisco, CA 94103. Please include the name of a contact person in your agency. Thank you.


Hillary E. Gitelman
Environmental Review Officer

Date 2/3/01

**NOTICE THAT AN
ENVIRONMENTAL IMPACT REPORT (EIR)
IS DETERMINED TO BE REQUIRED**

Date of this Notice: February 3, 2001

Lead Agency: Planning Department, City and County of San Francisco
1660 Mission Street - 5th Floor, San Francisco, CA 94103-2414
Agency Contact Person: Lisa Gibson **Telephone:** (415) 558-5993

Project Title: 2000.005E - Laguna Honda Hospital Replacement Project
Project Sponsor: City and County of San Francisco Department of Public Health
Project Contact Person: Lawrence Funk, Laguna Honda Hospital Administrator, (415) 759-2368

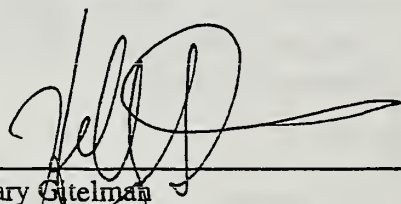
Project Address: 375 Laguna Honda Boulevard **Assessor's Block(s) and Lot(s):** 2842/7
City and County: San Francisco

Project Description: The proposed project is the demolition of all of the existing Laguna Honda Hospital campus facilities, except the front part of the Main Hospital (i.e., Wings A, B, and H), and construction of a replacement hospital and a new assisted living facility. The replacement hospital would be approximately 765,000 gross square feet (gsf), including the 135,000-gsf portion of the existing hospital that would be retained. This would be a net increase of about 75,100 gsf compared to the existing 689,900-gsf hospital building. The replacement hospital would accommodate about 1,200 beds, 135 more than currently provided. The building would range from 3 to 7 stories, with a maximum height of 80 feet. The proposed assisted living facility would be approximately 95,000 gsf and would provide about 140 beds. It would be about 4 stories tall, or 50 feet in height. Existing off-street parking on the project site would be reconfigured to provide 648 spaces, an increase of 45 spaces. The project includes improvements to loading facilities, which would provide centralized into three on-site loading areas. The 62-acre hospital campus is located in Twin Peaks within Assessor's Block 2842, Lot 7. The site is generally bounded by Clarendon Avenue, Laguna Honda Boulevard, Dellbrook Avenue, and Panorama Drive. It is within a P (Public) zoning district, and portions are within the 80-D and the OS (Open Space) height and bulk districts.

THIS PROJECT MAY HAVE A SIGNIFICANT EFFECT ON THE ENVIRONMENT AND AN ENVIRONMENTAL IMPACT REPORT IS REQUIRED. This determination is based upon the criteria of the Guidelines of the State Secretary for Resources, Section 15063 (Initial Study), 15064 (Determining Significant Effect), and 15065 (Mandatory Findings of Significance), and the following reasons, as documented in the Environmental Evaluation (Initial Study) for the project, which is attached.

Deadline for Filing of an Appeal to the Planning Commission of this Determination that an EIR is required:
March 5, 2001 at 5:00 p.m.

An appeal requires: 1) a letter specifying the grounds for the appeal; and
2) a \$209.00 filing fee.



Hillary Gitelman
Environmental Review Officer
Planning Department

LAGUNA HONDA HOSPITAL REPLACEMENT INITIAL STUDY

I. PROJECT DESCRIPTION

Background

The existing open ward arrangement of patient care areas in Laguna Honda Hospital does not comply with current State and Federal regulations, which allow for no more than four patients per room and no more than a 90-foot travel distance from a nurses' station to a patient bed area. The hospital currently operates under special waivers from regulatory agencies; however, these waivers may be revoked at any time. In addition, existing hospital facilities do not comply with building code requirements related to fire and life safety; handicapped accessibility; mechanical ventilation, filtration, and air conditioning; and seismic safety.

On November 2, 1999, San Francisco voters approved Proposition A, a \$299 million bond measure to replace Laguna Honda Hospital. The proposed project would involve the replacement of most of the existing hospital facilities in order to bring Laguna Honda Hospital into compliance with State and Federal regulations.

Conceptual design for the proposed project is currently in progress. Therefore, this Initial Study will evaluate the potential environmental impacts of the proposed project based on preliminary conceptual plans.

Project Location

As shown in Figure 1, Project Location, the 62-acre Laguna Honda Hospital and Rehabilitation Center campus is located on the western slopes of Twin Peaks in central San Francisco. The project site is generally bounded by Dellbrook Avenue and Panorama Drive on the east, Clarendon Avenue and Olympia Way on the north, Woodside Avenue on the south, and Laguna Honda Boulevard on the west. The site is owned by the City and County of San Francisco and encompasses most of Assessor's Block 2842, Lot 7 (the remainder of the block is occupied by the Youth Guidance Center, an area with housing operated by the San Francisco Housing Authority, the Clarendon Avenue Pump Station, a fire station, and a San Francisco Municipal Railway [MUNI] electrical substation).

Primary access to the project site is currently provided from Laguna Honda Boulevard at Dewey Boulevard; a secondary access from Woodside Avenue provides one lane for incoming traffic only. The project site is served by several public transportation lines (MUNI lines K, L, M, 36, 43, 44, and 52), which stop at the Forest Hill Station located across Laguna Honda Boulevard, approximately 1,000 feet southwest of the hospital's main entry. An additional bus stop (serving MUNI lines 36, 44, 52, and the L "Owl" [late-night service]) is located at the secondary access point on Woodside Avenue. A MUNI

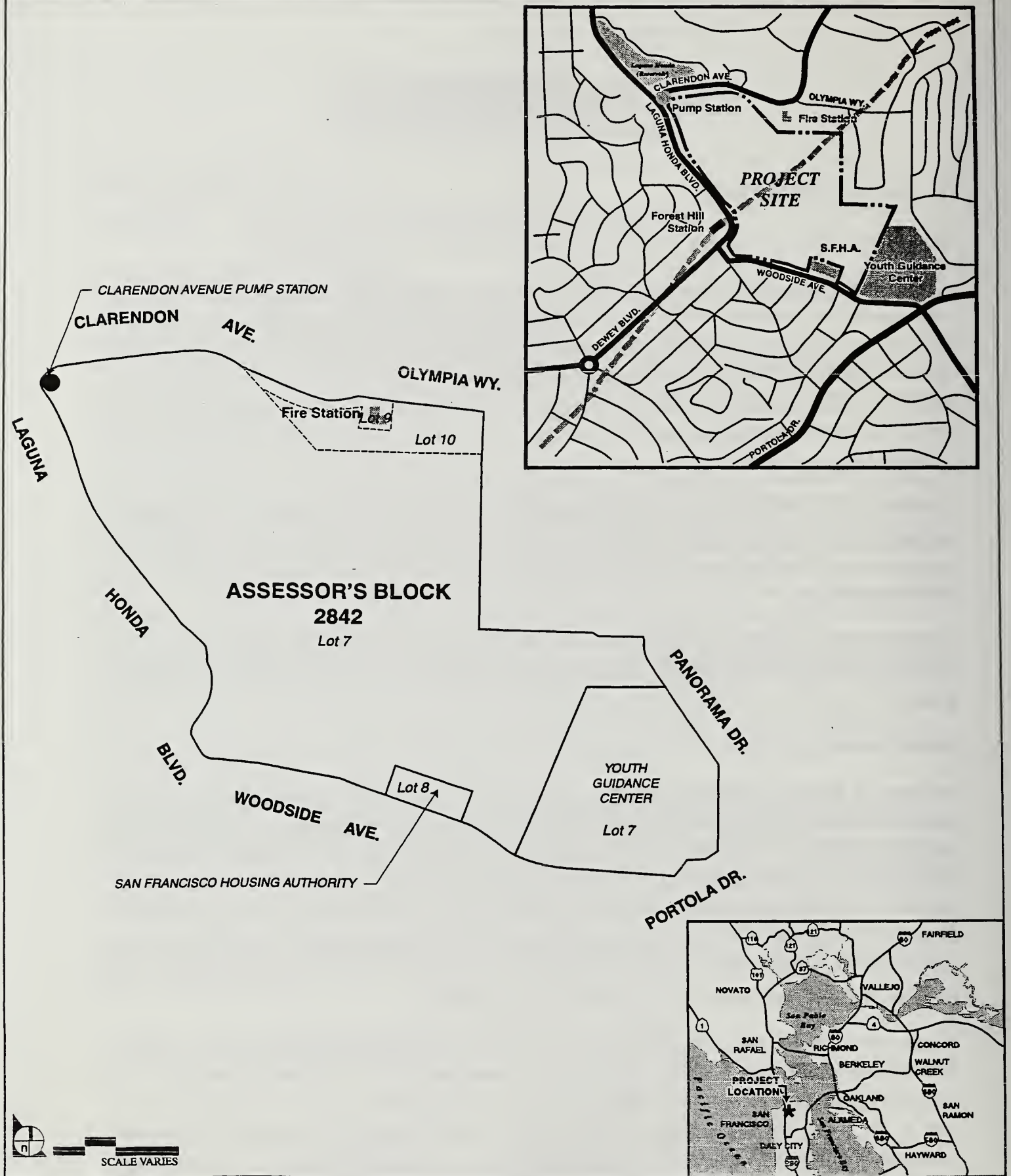


FIGURE 1

Project Location

shuttle bus (Line 89) also delivers passengers from the Forest Hill Station to the hospital main entrance from 6:30 a.m. to 3:00 p.m. daily.

Existing Conditions, Facilities, and Services

As shown in Figure 2, Existing Site Plan, the existing campus is characterized by two principal hospital buildings, the Main Hospital and Clarendon Hall. Each building is situated on a knoll, and both are connected by a bridge structure that spans the valley between the knolls, i.e., Clarendon Valley. Support facilities for the campus are located within Clarendon Valley. The campus is characterized by steeply-sloping topography, with surface elevation variations of about 230 feet and slope gradients from 15 to 60 percent. Elevations range from 390 feet above sea level in the northeastern portion of the site to 620 feet above sea level in the southeastern portion of the site. The existing vegetation includes mature eucalyptus and other exotic trees and landscaped areas, as well as small areas of native vegetation scattered along the northern portion of the site. The entire project site is within a P (Public Use) zoning district. The developed portions of the project site are within an 80-D height and bulk district; the undeveloped portions of the site are in the OS (Open Space) height and bulk district.

The existing Laguna Honda Hospital provides long-term health care services for the elderly and disabled residents of the City and County of San Francisco only. The hospital's services include skilled nursing care, hospice, rehabilitation, acute medical, senior nutrition, and adult day health services. The existing hospital buildings are mainly located in the southern and central portions of the site, and include the Main Hospital; Clarendon Hall; a bridge structure connecting these two buildings; and ancillary facilities, including a laundry building, boiler and power plant, shop building, garage, and greenhouse. Space in the existing buildings totals about 689,900 gross square feet. The hospital currently operates with an average of 1,065 beds and employs about 1,500 total employees. As recently as Fiscal Year 1997-1998, the hospital has operated with up to about 1,200 beds and 1,600 employees.

Proposed Project

The proposed project would involve the replacement of most of the existing hospital facilities, the construction of additional facilities, and modifications to site access and circulation. The proposed project includes:

- demolition of most of the existing facilities;
- retention and renovation of a portion of the existing Main Hospital;
- construction of a new hospital;
- construction of an assisted living facility;
- expansion of the existing outpatient programs and services by about 25 percent;



SOURCE: City and County of San Francisco

FIGURE 2

Existing Site Plan

- improvements to site access and circulation; and
- reconfiguration of on-site parking.

Proposed Demolition

The existing boiler and power plant, laundry facility, bridge structure, greenhouse, shop building, garage, and Clarendon Hall would be demolished. Wings C, D, E, F, G, K, L, M, and O of the Main Hospital would be demolished and replaced with a new terraced surface parking lot and landscaped grounds. (The letters I, J, and N were not used to designate wings of the existing hospital.) See Table 1, Proposed Development Plan, and Figure 3, Proposed Demolition Plan.

Proposed Construction and Renovation

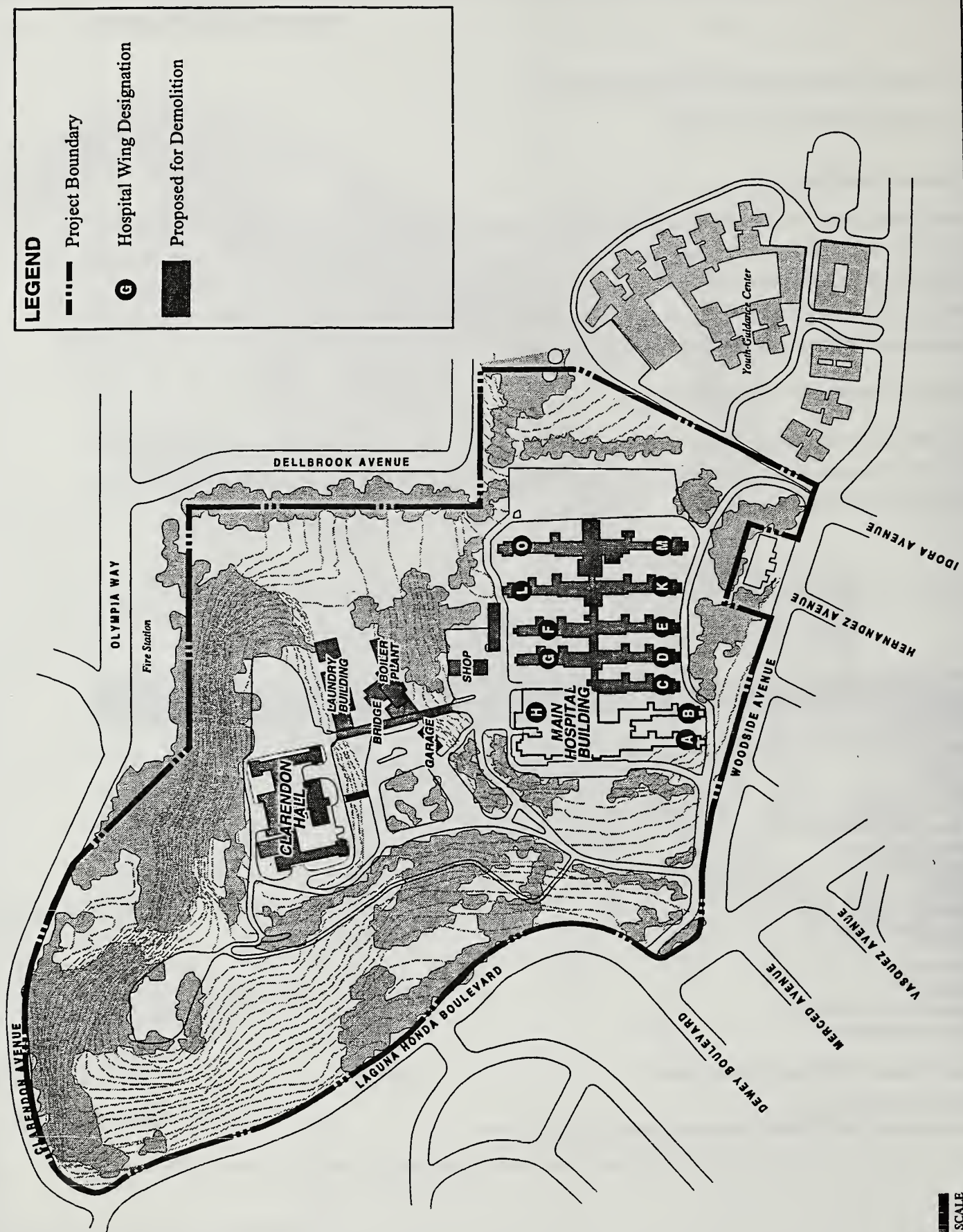
Proposed new construction would include a hospital and associated support functions, a licensed assisted living facility, and parking lots (see Table 1, Proposed Development Plan, and Figure 4, Conceptual Development Plan).

Table 1
Proposed Development Plan

Building/Facility Name	Gross Square Feet	Other
<i>Demolition</i>		
Main Hospital (Wings C, D, E, F, G, K, L, M, O)	400,000	N/A
Clarendon Hall	113,000	N/A
Laundry Building	9,500	N/A
Boiler and Power Plant	8,200	N/A
Bridge Structure	13,900	N/A
Shop Building	7,500	N/A
Garage	1,800	N/A
Greenhouse	1,000	N/A
Total Demolition	554,900	N/A
<i>Construction</i>		
Hospital	630,000	3 to 7 stories; 1,200 beds
Assisted Living Facility	95,000	4 stories; 140 beds
Total Construction	725,000	N/A
Total Existing Building Area to Remain	135,000	N/A

Note: N/A = Not Applicable.

Source: Laguna Honda Hospital Institutional Master Plan, October 1994.



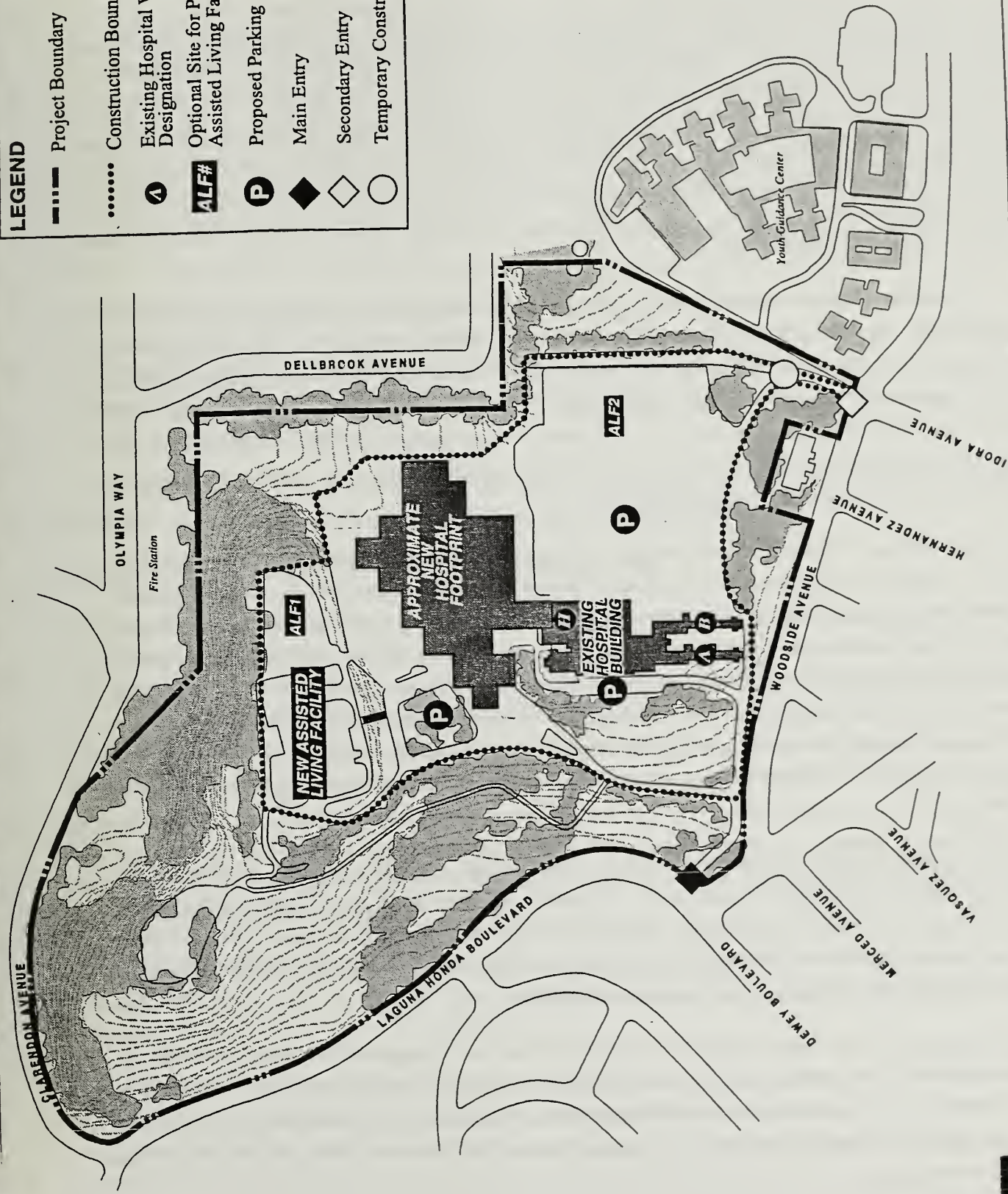
SOURCE: City and County of San Francisco.

FIGURE 3

Proposed Demolition Plan

LEGEND

- Project Boundary
- Construction Boundary
- Existing Hospital Wing Designation
- Optional Site for Proposed Assisted Living Facility
- Proposed Parking
- Main Entry
- Secondary Entry
- Temporary Construction Gate



NOT TO SCALE

SOURCE: City and County of San Francisco.

FIGURE 4

Conceptual Development Plan

The new hospital building would be constructed in the central valley portion of the site, in the area of the existing bridge building and other accessory structures. The new hospital building would vary between three and seven stories high, with a grade level elevation in the valley of 478 feet above mean sea level (msl) and maximum heights of up to 80 feet (not including rooftop mechanical equipment). (The grade level of the front of the existing hospital is at an elevation of 516 feet msl, and the building height extends to 579 feet msl at roof level and 619 feet msl at the tower [which is at the front and center of the existing hospital]. The grade level of the rear of the existing hospital is at 560 feet msl, and the building height extends to a roof level of 608 feet msl.)

The configuration of the new hospital building has not been determined; the location shown on **Figure 4** is approximate. As shown, the proposed hospital building would be built into the hillside that slopes down from the existing Main Hospital to the central valley. Some floors of the new hospital building would be functionally connected to the northern end of Wing H of the existing Main Hospital. The proposed new hospital building would be approximately 630,000 gross square feet. Together with the portion of the existing Main Hospital that would be retained (135,000 gross square feet), the proposed hospital facility would total 765,000 gross square feet.

As currently proposed, the assisted living facility would be located on the former site of Clarendon Hall. However, a different site may ultimately be selected through the project design process. Any site selected would be within the construction zone shown on **Figure 4**; this zone includes all areas of the hospital campus in which construction activity could occur (except for minor roadway work, described later in this section). For purposes of environmental review, two optional sites are being considered: (1) east of Clarendon Hall or (2) at the east end of the existing Main Hospital (Figure 4). The assisted living facility would be approximately four stories high, about 50 feet tall. The facility would be about 95,000 gross square feet. Regardless of where the assisted living facility is located, Clarendon Hall would be demolished.

Existing outpatient programs and services provided by the hospital would be expanded. Specifically, the Adult Day Health Care program would serve 75 patients (an increase of 20 patients) and the Senior Nutrition Center would serve 75 patients (an increase of 25 patients). In addition, a new child care center would be provided, and the existing Aqua Therapy and Animal/Horticultural Therapy in-patient program facilities would be replaced with comparable facilities.

During construction of the new hospital, the existing hospital and Clarendon Hall would be served by temporary generators and boilers. A new laundry facility would be constructed as part of the new hospital building; an alternative option under consideration would involve the construction of a separate laundry facility (which may be temporary or permanent), either in Clarendon Valley or in the area of the Main East Parking Lot.

As shown in Table 1, the proposed new buildings would total approximately 725,000 gross square feet, about 35,000 gross square feet more than the existing building area. Buildout of the proposed project would accommodate 1,200 total hospital beds (about 135 more beds than are provided at the existing hospital, but about the same number as were provided at the hospital as recently as Fiscal Year 1997-1998) plus 140 assisted living beds. The new hospital building would consist of one-person, two-person, and four-person rooms, in compliance with Federal law. The new assisted living facility would provide 100 units consisting of 1- and 2-person rooms, with a total of 140 beds. Although the hospital would retain its current license to operate 1,457 beds, there are no plans to construct facilities to support more than the 1,200 beds noted. The assisted living facility would operate under a separate license, issued by the California Department of Social Services. The proposed hospital would employ an additional 19 permanent full-time staff. In addition, the hospital would employ an additional 12 full-time equivalent staff (FTEs) for child care, housekeeping, and food services. The assisted living facility would employ approximately 35 FTEs. The proposed project would therefore result in a total increase of 66 full-time and FTE positions at the hospital campus.

The front part of the Main Hospital (i.e., Wings A, B, and H) would be renovated for administrative functions. The exact scope of the renovations has not been determined at this time.

Proposed Transportation, Circulation, and Parking Improvements

No new vehicle access points are proposed as part of the project (alternatives to the proposed project to be evaluated in the Environmental Impact Report, however, may incorporate new vehicle access points). The existing main entry at Laguna Honda Boulevard/Dewey Boulevard/Woodside Avenue and the secondary (single-lane, one-way) entry at Woodside Avenue would be retained under the proposed project. Proposed on-site circulation improvements include new building entries and drop-off zones on the eastern and western sides of the new hospital; construction of a new loading dock at the new main hospital building; and improvements to the existing loading dock, at the northeast corner of Wing H of the remaining portion of the existing hospital. Shuttle bus routes would be adjusted as necessary. Internal access roads may be improved or expanded, and other existing internal roadways and paved surfaces may be resurfaced or restriped.

Existing pedestrian pathways providing access from Laguna Honda Boulevard to the Main Hospital and Clarendon Hall sites would be retained. New pedestrian pathways would provide access between the proposed new structures.

The project would also involve the removal or reconfiguration of existing parking lots (including the Main East, Main Front Entry, Clarendon Hall Entry, Clarendon Valley, and East lots) and the construction of two new parking lots. As shown in Table 2, Existing and Proposed Parking Spaces, the new and reconfigured lots would provide a total of 648 parking spaces (an increase of 45 parking spaces above existing parking capacity). The existing Main East Lot, containing 232 spaces, would be replaced by

landscaping. The Main Front Entry Parking Lot would be restriped and resurfaced to provide 25 spaces, instead of the existing 28. The existing 97 spaces in the Clarendon Hall Entry and East lots would be replaced by 50 parking spaces for the proposed assisted living facility. One new parking lot, the Clarendon Valley Parking Lot, would be located west of the proposed new hospital building and would provide 113 parking spaces. A second new terraced and landscaped parking lot would replace the demolished Main Hospital wings and associated 59 service driveway parking spaces and would provide 460 parking spaces.

Table 2
Existing and Proposed Parking Spaces

Parking Lot	Existing Parking Spaces	Proposed Parking Spaces
Main East Parking Lot	232	N/A
Main Front Entry Parking Lot	28	25
Clarendon Hall Entry and East Parking Lots	97	50
Clarendon Valley Parking Lot	138	113
New Terraced and Landscaped Parking Lot	N/A	460
Main Service Lots	59	N/A
Main Service Driveways/Other	7	N/A
Side Lots	35	N/A
On-Street Parking	7	N/A
Total Parking Spaces	603	648

Note: N/A= Not Applicable

Source: Pittman & Hames Associates, May 2000; Laguna Honda Hospital Institutional Master Plan, October 1994.

Proposed Phasing Plan

The proposed project would be implemented in four phases; the dates listed for each phase are approximate and are subject to change. Phase one would include installation of temporary electrical and mechanical equipment to serve Clarendon Hall and the Main Hospital during construction. Hazardous materials abatement activities in the valley would also occur during this phase. In addition, the existing facilities in the central portion of the site (i.e., Clarendon Valley) – the boiler and power plant, bridge structure, greenhouse, shop building, and garage – would be demolished. The laundry facility may also be demolished during this phase. Demolition activities would include abatement and disposal of hazardous building materials, dismantling of the buildings (use of explosives is not proposed), recycling of building materials if possible, and hauling and disposal of building debris. The demolition portion of phase one is expected to take six months; phase one is scheduled to be complete by Spring 2003.

Phase two would consist of construction of the new hospital building. Upon completion of the new hospital building, patients from Clarendon Hall and the nursing wings of the Main Hospital would be

relocated into the new facility. The construction of the new hospital is expected to take about four and one half years; Phase two is scheduled to be complete by Fall 2007.

Phase three would consist of the demolition of Clarendon Hall and the construction of the assisted living facility (if the proposed location or the optional site east of Clarendon Hall is selected). The laundry facility may also be demolished during this phase, if it is not demolished during phase one. The upgrade and remodeling of existing areas within the Main Hospital would also occur during this phase. The demolition of Clarendon Hall is expected to take six months, and the construction of the assisted living facility, two years; the expected completion date of phase three is Winter 2009.

Phase four would consist of the demolition of the existing Wings C, D, E, F, G, K, L, M, and O of the Main Hospital. A new surface parking lot would be developed in place of the demolished wings. If the assisted living facility is built at the east end of the existing Main Hospital, construction would occur immediately after demolition of the existing wings of the Main Hospital. All other site improvements would be completed during this phase. The expected completion date of phase four is Winter 2009.

The staging area for construction activities would generally be located in Clarendon Valley, east of the existing bridge structure. Temporary construction access roads would be developed near the front entrance of the Main Hospital and along the eastern perimeter of the existing Main East Parking Lot.

Proposed Grading and Utilities Plan

Grading plans have not yet been developed; therefore, exact details are not available at this time. For the purposes of this Initial Study, the grading envelope is assumed to include the existing footprint of the hospital facilities, parking lots, and on-site roads; and the temporary construction access roads. It is also assumed that the grading envelope would extend to the east of Clarendon Valley and Clarendon Hall toward the existing eastern site boundary, and to the west along the existing internal north-south roadway. With respect to utility plans, it is expected that the proposed facilities would connect to the existing City water and sewer systems.

II. SUMMARY OF POTENTIAL ENVIRONMENTAL EFFECTS

A. EFFECTS FOUND TO BE POTENTIALLY SIGNIFICANT

This Initial Study examines the Laguna Honda Hospital project to identify its potential effects on the environment. On the basis of this Initial Study, project-specific effects that have been determined to be potentially significant relate to visual quality (landform modification, view obstruction), transportation, noise (construction), and historical resources. Initial Study Checklist items relating to these resources are noted "TO BE DETERMINED," indicating that these issues will be addressed in the Environmental Impact Report (EIR) to allow a more detailed assessment of whether or not there would be a significant impact. Land use and planning issues will be discussed in the EIR for informational purposes.

B. EFFECTS FOUND NOT TO BE SIGNIFICANT

The following effects of the Laguna Honda Hospital project have been determined to be less than significant or to be mitigated through measures included in the project: population, air quality, utilities/public services, biology, geology/topography, water, energy/natural resources, hazards, and cultural resources. These issues are discussed below and require no further environmental analysis in the EIR.

III. ENVIRONMENTAL EVALUATION CHECKLIST AND DISCUSSION

A. COMPATIBILITY WITH EXISTING ZONING AND PLANS

	<u>Not Applicable</u>	<u>Discussed</u>
1. Discuss any variances, special authorizations, or changes proposed to the City Planning Code or Zoning Map, if applicable.		X
2. Discuss any conflicts with any adopted environmental plans and goals of the City or Region, if applicable.		X

The City Planning Code, which incorporates by reference the City's Zoning Maps, governs permitted uses, densities, and the configuration of buildings within San Francisco. Permits to construct new buildings (or to alter or demolish existing ones) may not be issued unless either the proposed project conforms to the Code, or an exception is granted pursuant to provisions of the Code.

The entire project site is in a P (Public Use) zoning district, which permits land owned by a governmental agency and used for public purposes. The proposed hospital and assisted living facility are principal permitted uses within a P (Public Use) district, because they would be owned by the City and County of San Francisco and used for a public purpose. The developed portions of the site are also in a 80-D height and bulk district, which permits construction to a height of 80 feet; above a height of 40 feet, building bulk in this district is limited to a maximum plan dimension of 110 feet in length and 140 feet on the

diagonal. (The existing Main Hospital and Clarendon Hall exceed the bulk restrictions because these buildings were constructed prior to the enactment of the height and building restrictions.) As detailed building plans have not been completed, conformance with the limits of the 80-D height and bulk district cannot be determined at this time.

The undeveloped portions of the site are in the OS (Open Space) height and bulk district, where the principal or exclusive purpose of land is open space. Future development of land in the Open Space district is strictly limited, and no building or structure or addition thereto shall be permitted unless it conforms to the *San Francisco General Plan*.

Section 304.5 of the Planning Code requires that "each medical institution . . . in the City and County of San Francisco shall have on file with the Department of City Planning a current institutional master plan describing the existing and anticipated future development of that institution. . ." Among the required elements of the plan are a description of "the development plans of the institution, for a future period of not less than 10 years, and the physical changes in the institution projected to be needed to achieve those plans." The current *Institutional Master Plan* for Laguna Honda Hospital was prepared in October 1994 and is on file at the Planning Department; the next update to the *Institutional Master Plan* will occur in 2003-2004. The proposed demolition of existing facilities, renovation of a portion of the existing Main Hospital, construction of a new hospital, and construction of an assisted living facility are all components of the recommended project outlined in the *Institutional Master Plan*. Therefore, the proposed project would be consistent with the *Institutional Master Plan*. The details of the actual design and siting of the project, including the location of the assisted living facility and the design of the new hospital, may differ from the *Institutional Master Plan*.

In addition to requiring building and demolition permits from the Department of Building Inspection (DBI), the proposed project would require a referral to the City Planning Department for findings of consistency with the *General Plan*. Depending on the proposed siting of the new/replacement buildings, the project might also require adjustment of the boundary between the 80-D and Open Space height and bulk districts. Such an adjustment would be considered a Planning Code amendment pursuant to Section 302 of the Code. The amendment would require a hearing by the Planning Commission; if the Commission finds "from the facts presented that the public necessity, convenience and general welfare require the proposed amendment or any part thereof," the Commission shall approve the amendment and present it to the Board of Supervisors for approval. The Board may adopt the amendment by a majority vote.

The Office of Statewide Health Planning and Development (OSHPD) is responsible for overseeing all aspects of general acute care hospital, psychiatric hospital, and multi-story skilled nursing home and intermediate care facility construction in California. The Facilities Development Division of OSHPD would review the proposed project construction drawings and specifications for code compliance and would issue a building permit upon plan approval. The construction of the new hospital (and the central

plant, if outside of the hospital footprint) would require an OSHPD permit; DBI permits would be required for the demolition of the existing hospital, renovation of the remaining portion of the hospital, construction of the assisted living facility, and construction of the laundry facility (if it is a separate building).

Environmental plans and policies are those, like the *Bay Area Air Quality Plan*, which directly address environmental issues and/or contain targets or standards which must be met in order to preserve or improve characteristics of the City's physical environment. The current proposed project would not obviously or substantially conflict with any such adopted environmental plan or policy.

The *San Francisco General Plan*, which provides general policies and objectives to guide land use decisions, contains some policies that relate to physical environmental issues. The current project would not obviously or substantially conflict with any such policy. In general, potential conflicts with the *General Plan* are considered by decision makers independently of the environmental review process, as part of the decision whether to approve or disapprove a proposed project. Any potential conflict not identified here could be considered in that context, and would not alter the physical environmental effects of the proposed project. The project site is designated as Institutional Facility in the Community Facilities Element and as Public Open Space in the Recreation and Open Space Element of the *San Francisco General Plan*. The proposed project would be consistent with these *General Plan* designations and no amendment would be required.

In November 1986, the voters of San Francisco approved Proposition M, the Accountable Planning Initiative, which added Section 101.1 to the City Planning Code to establish eight Priority Policies. These policies are: preservation and enhancement of neighborhood-serving retail uses; protection of neighborhood character; preservation and enhancement of affordable housing; discouragement of commuter automobiles; protection of industrial and service land uses from commercial office development and enhancement of resident employment and business ownership; maximization of earthquake preparedness; preservation of landmark and historic buildings; and protection of open space. Prior to issuing a permit for any project which requires an Initial Study under CEQA, and prior to issuing a permit for any demolition, conversion, or change of use, and prior to taking any action which requires a finding of consistency with the *General Plan*, the City is required to find that the proposed project or legislation is consistent with the Priority Policies. In reviewing the building permit application for the proposed project, the Planning Department would make the necessary findings of consistency with the Priority Policies.

B. ENVIRONMENTAL EFFECTS

Except for the categories of land use, visual quality, transportation, noise, and historical resources, all items on the Initial Study Checklist have been checked "No" indicating that, upon evaluation, staff has determined that the proposed project could not have a significant adverse environmental effect. Several

of those Checklist items have also been checked "Discussed," indicating that the Initial Study text includes discussion about that particular issue. For all of the items checked "No," without discussion, the conclusions regarding potential significant adverse environmental effects are based upon field observation, staff experience and expertise on similar projects, and/or standard reference material available within the Department, such as the Department's *Transportation Guidelines for Environmental Review*, or the California Natural Diversity Data Base and maps, published by the California Department of Fish and Game. As discussed above, for Checklist items noted as "TO BE DETERMINED," staff have determined that the proposed project may result in a potentially significant impact. Therefore, these items will be analyzed further in the EIR. For each Checklist item, the evaluation has considered the impacts of the project both individually and cumulatively. The text following each topic includes discussion of the particular Checklist items.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
1. <u>Land Use</u> . Could the project:			
a. Disrupt or divide the physical arrangement of an established community?		X	X
b. Have any substantial impact upon the existing character of the vicinity?		X	X

The project site is currently in use as a long-term health care facility and is occupied by hospital buildings and support structures, open space, trees, and other vegetated/landscaped areas. The proposed project would result in the demolition of most of the existing structures on the site, the construction of a replacement hospital building, and the construction of a new assisted living facility. Development of the proposed project would involve the relocation of existing hospital residents into the on-site replacement hospital building after it is completed, but would not displace residents from the site. The design and phasing of the proposed project are specifically intended to provide hospital facilities for the current residents throughout the construction phase. There could be some temporary disruption to residents and employees on the site during construction; the environmental effects associated with this disruption (e.g., noise) are discussed in other sections of this Initial Study.

Land uses adjacent to the site include single- and multi-family residential uses, a fire station, church, and the Midtown Terrace Recreation Center to the north; single-family residential uses and the Youth Guidance Center to the east; single-family residential, senior housing, and church uses to the south; and retail/commercial uses, a gas station, church, and the MUNI light rail station to the west. As mentioned above, all hospital facilities would be constructed on site, and there would be no direct impacts to off-site uses or areas. Construction of the new hospital (and renovation of the front portion of the existing Main Hospital) would result in a shift of the existing hospital uses from the southern and eastern portions of

the site toward the interior of the site in Clarendon Valley; although the façade of the front of the Main Hospital would be retained, the overall appearance of uses on the site would become more modern than it is now (because older buildings would be replaced with new ones). The proposed development of a new hospital and assisted living facility would not alter the land use of the site or the surrounding area, nor would it change its character from that of a residential and mixed-use urban area, and thus no significant land use impact would occur. However, land use will be discussed in the EIR for informational purposes.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
2. <u>Visual Quality</u> . Could the project:			
a. Have a substantial, demonstrable negative aesthetic effect?		X	X
b. Substantially degrade or obstruct any scenic view or vista now observed from public areas?		TO BE DETERMINED.	
c. Generate obtrusive light or glare substantially impacting other properties?		TO BE DETERMINED.	

Aesthetics/Urban Design

Design and aesthetics are by definition subjective, open to interpretation by decisionmakers and members of the public. A proposed project would therefore be considered to have a significant adverse effect on visual quality only if it would cause a substantial and demonstrable negative change, such as construction of an industrial facility in a pristine, natural area.

The project would involve the development of a new hospital building and assisted living facility, three to seven stories high and four stories high, respectively. The new hospital building would be located north of the existing Main Hospital (which is three to seven stories high) in the central valley area of the site, and would be built into the hillside. Based on preliminary plans, the proposed height of the new hospital building would not extend above the elevations of the existing Main Hospital (the elevations of the existing hospital are 579 feet to 619 feet msl). The basis of comparison for the assisted living facility would depend on its location; the facility would be one story taller than the existing Clarendon Hall (which is three stories high) and one story shorter than Wings M and O of the existing Main Hospital. The majority of the site would remain as open space following project development. Although the height and bulk of the proposed buildings would be substantially taller and larger than those of other development in the surrounding area, the proposed height and bulk are similar to or slightly larger than those of the existing structures on the site. In addition, the project site is located on a hill and surrounded by existing trees and vegetation, which would reduce the contrast between the proposed structures and surrounding residences, churches, and the senior housing facility; the majority of the trees on site would be preserved as part of the proposed project (see the discussion of proposed tree removal on page 17). For these reasons, while the project would result in visual changes, no substantial, demonstrable negative

aesthetic effect would occur. Visual changes will be illustrated in the EIR and discussed in the context of historic resources impacts.

There are numerous trees on the project site, including eucalyptus, black wattle, cypress, and Monterey pine, with a variety of understory shrubs and herbs. The trees vary in height, with many trees that are more than 30 feet tall. The trees are generally clustered along the northern and eastern borders and parts of the western border of the project site; there are also a number of trees in the site interior. The trees along the northern border provide a buffer for views from Clarendon Avenue and Olympia Way. Views from Dellbrook Avenue are generally blocked by the homes along that roadway, but the trees along the eastern project site boundary form a buffer that is visible behind the homes. Along the western boundary of the project site, trees provide a buffer for views from Laguna Honda Boulevard, in the area generally across from Plaza and Magellan Avenues.

The proposed project would result in the removal of existing trees from the site. Precisely which trees would be removed is not known at this time, since conceptual design for the proposed project is currently in progress. Where feasible, trees would be preserved. Based on a review of the proposed construction zone and a site visit, several trees would be removed in the areas between the wings of the existing Main Hospital to be demolished and within the central valley portion of the site, east and west of the existing bridge building. A few trees may also be removed in the area of the Clarendon Hall for the development of the new assisted living facility (if the facility is built on or directly east of the site of Clarendon Hall). The majority of the trees on the site would be preserved, including the mature eucalyptus trees surrounding the site and the native vegetation in the northern portion of the site. The tree buffer would generally be preserved; therefore, impacts related to trees would not be significant. Potential visual changes due to tree removal will be illustrated in the EIR.

Alteration or Obstruction of Views

Views of the project site from Laguna Honda Boulevard, Woodside Avenue, and Dellbrook Avenue would be altered by the development/renovation of the proposed hospital buildings. Views from publicly accessible locations in the vicinity of the project site, such as the Youth Guidance Center, Midtown Terrace Recreation Center, and Laguna Honda Reservoir, may also be altered as a result of the project. The EIR will evaluate the change in views from adjacent public roadways and sensitive locations, using visual simulations of the proposed buildings in the context of surrounding structures.

Light and Glare

The existing buildings are a source of light and glare, and the visitor and employee cars accessing the campus may be a source of glare. Current sources of light within the campus include lighting on the outsides of buildings and lighting in parking lots.

The proposed project would shift some light sources within the site (i.e., for the new hospital building and reconfigured parking areas) and may introduce additional night lighting to the site. Given the proximity of residential, church, and senior housing uses, additional lighting from the proposed project will be analyzed in the EIR.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
3. <u>Population</u> . Could the project:			
a. Induce substantial growth or concentration of population?		X	X
b. Displace a large number of people (involving either housing or employment)?		X	X
c. Create a substantial demand for additional housing in San Francisco, or substantially reduce the housing supply?		X	X

The proposed project would involve the demolition of most of the existing facilities; the retention and renovation of the front portion of the Main Hospital building; and the construction of a new hospital, assisted living facility, and parking lots. The project would not displace existing housing, as there is currently no housing on site. All of the existing hospital patients would be relocated to the new hospital facilities, where there would be about 135 additional patient beds. In addition, the proposed assisted living facility would provide 140 beds for the long-term residential care of the elderly and disabled residents in San Francisco. No existing businesses or employees would be displaced, because all existing hospital operations and employees would be retained within the proposed facilities. The hospital intends to retain all existing employees during the proposed construction and after the new hospital is operational.¹

The proposed hospital is expected to employ an additional 19 full-time permanent staff and an additional 12 FTEs for child care, housekeeping, and food services. The assisted living facility would employ approximately 35 FTEs. The proposed project would therefore result in a net increase of 66 full-time and FTE positions, for a total employment of about 1,566 full-time and FTE staff upon project completion. Many of these new employees could be new employees in San Francisco. San Francisco's employment is projected to increase from about 535,000 employees in 1995 to about 665,300 in 2015, an increase of 24 percent.² Therefore, the increase of 66 employees as a result of the project would represent about 0.05 percent of the City's estimated employment growth by the year 2015, even if conservatively assumed to be all new to San Francisco. This potential increase in employment would be negligible in the context of total employment in greater San Francisco.

¹ Funk, Lawrence, Executive Administrator, Laguna Honda Hospital & Rehabilitation Center, personal communication, August 23, 2000.

² Keyser Marston Associates, Inc., *San Francisco Cumulative Growth Scenario: Final Technical Memorandum*, prepared for the San Francisco Redevelopment Agency, March 30, 1998.

An estimated 311,000 households resided in San Francisco in 1995. By 2015, the number of households is expected to increase by 32,000, or by about 10 percent.³ Based on a nexus study prepared for the proposed update of the Office Affordable Housing Production Program (proposed to be renamed the Jobs-Housing Linkage Program), the project would generate a demand for about 22 new dwelling units in San Francisco.⁴ These new households would represent about 0.07 percent of the City's estimated household growth by the year 2015. This potential increase in housing would be negligible in the context of total households in San Francisco. Further, housing demand in and of itself is not a physical environmental effect; an imbalance between local employment and housing can lead to long commutes with associated traffic and air quality impacts. (Traffic issues are discussed under Checklist item 4, below, and air quality issues are discussed under Checklist item 6, below.)

Given the above information, no impacts to population or housing would occur, and this topic will not be evaluated further in the EIR.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
4. <u>Transportation/Circulation.</u> Could the project:			
a. Cause an increase in traffic which is substantial in relation to the existing traffic load and capacity of the street system?			TO BE DETERMINED.
b. Interfere with existing transportation systems, causing substantial alterations to circulation patterns or major traffic hazards?			TO BE DETERMINED.
c. Cause a substantial increase in transit demand which cannot be accommodated by existing or proposed transit capacity?			TO BE DETERMINED.
d. Cause a substantial increase in parking demand which cannot be accommodated by existing parking facilities?			TO BE DETERMINED.

Additional visitors and employees of the new hospital and residents and employees of the assisted living facility would place increased demands on the local transportation system, including increased traffic, transit demand, and parking demand. The EIR will discuss project effects related to transportation and circulation, including impacts on intersection operations, transit demand, and impacts on pedestrian circulation, parking, bicycles, and freight loading, as well as construction impacts.

³ Ibid.

⁴ This method multiplies the estimated project-related employment (66 employees) by the fraction of San Francisco employees who live in the City (55 percent). This result, the approximate number of project-related employees who would live in the City (36), is divided by the average number of San Francisco workers in households where San Francisco workers reside (1.63). The estimated housing demand would be 22 units. Based on Keyser Marston Associates, Inc., *Jobs Housing Nexus Analysis, City of San Francisco*, prepared for City and County of San Francisco Office Affordable Housing Production Program, July 1997.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
5. <u>Noise</u> . Could the project:			
a. Increase substantially the ambient noise levels for adjoining areas?	TO BE DETERMINED.		
b. Violate Title 24 Noise Insulation Standards, if applicable?		X	X
c. Be substantially impacted by existing noise levels?		X	X

The existing background noise levels in the project area are typical of noise levels in urban San Francisco. The primary source of noise in the vicinity of the project site is traffic; average noise levels along the major roadways near the project site are at least 70 dB(A), L_{dn} .⁵ Other sources of noise include construction noise due to other projects in the vicinity, such as the Clarendon Avenue Pump Station project (on the southeast corner of Clarendon Avenue and Laguna Honda Boulevard). The nearest sensitive receptors are the Laguna Honda Hospital patients. Other sensitive receptors include the church to the north of the site, the single-family residences along Dellbrook Avenue, located adjacent to the eastern site boundary, and the senior housing and single-family residences to the south along Woodside Avenue.

Construction Noise and Vibration

Construction noise is regulated by the San Francisco Noise Ordinance (Article 29 of the San Francisco Police Code). The ordinance requires that noise levels from individual pieces of construction equipment, other than impact tools, not exceed 80 dB(A) at a distance of 100 feet from the source.⁶ The ordinance does not regulate interior noise levels with respect to construction noise. Impact tools (e.g., jackhammers, pile drivers, and impact wrenches) must have both intake and exhaust muffled to the satisfaction of the Director of Public Works. Section 2908 of the ordinance prohibits construction work between 8:00 p.m. and 7:00 a.m., if the noise would exceed the ambient noise level by 5 dB(A) at the project property line, unless the Director of Public Works authorizes a special permit. Proposed construction activities would not occur within these hours. OSHPD (the State agency that oversees hospital construction) does not have any regulations or standards governing construction noise.⁷ The Environmental Protection Agency

⁵ According to roadway noise contours from the Environmental Protection Element of the *San Francisco General Plan*.

⁶ Noise is measured in decibels (dB). The A-weighted sound level or "noise level" is referenced in units of dB(A). It has been developed because the human ear does not respond uniformly to sounds at all frequencies. A doubling of sound energy results in a 3.0 dB(A) increase in noise levels. A 5.0 dB(A) increase is readily noticeable to the human ear and the human ear perceives a 10.0 dB(A) increase in sound level to be a doubling of sound.

⁷ Babbs, Bill, Facilities Planning Division, OSHPD, personal communication, October 3, 2000.

(EPA) and the International Noise Council have recommended that average noise levels in hospitals not exceed 45 dB(A) during the daytime.⁸

Construction and demolition activities proposed as part of the project would result in on-site and off-site noise increases. Construction activities would include excavation and hauling, building erection, and finishing. Pile driving is not proposed. Demolition and grading activities would involve the use of backhoes, tractors, scrapers, graders, and trucks. Use of explosives for demolition is not proposed. On-site and off-site noise level increases due to construction and demolition activities would be temporary and intermittent and would occur at different times through the phases of project construction. The magnitude of the construction noise impact typically depends on the type of construction activity, the sound level generated by the various pieces of construction equipment in operation, the duration of the construction noise, the distance between the noise source and receptor, and the presence or absence of noise barriers.

During phases one and two of the proposed construction, existing patients and employees of the Main Hospital and Clarendon Hall would be exposed to noise from demolition of certain on-site facilities and construction of the new hospital. Construction and demolition activities would occur as near as about 50 to 70 feet from the Main Hospital and about 300 feet from Clarendon Hall. Because of potential disturbances to hospital residents, construction noise will be analyzed further in the EIR. The EIR will also consider potential cumulative construction noise impacts associated with construction of the proposed project and the Juvenile Hall reconstruction project combined.

Proposed demolition and construction activities would occur as near as about 100 to 150 feet from the closest off-site sensitive receptors, the senior housing along Woodside Avenue and the homes along Dellbrook Avenue. (The homes across Woodside Avenue would be separated from the construction area by the roadway and topography.) If the assisted living facility is constructed at the east end of the existing Main Hospital, some construction activities would occur adjacent to the property lines of two homes along Dellbrook Avenue. Given that construction activities would be temporary and would occur during the daytime, construction noise impacts on off-site receptors would be less than significant.

Construction activities associated with the Clarendon Avenue Pump Station are anticipated to be complete by April 2001, well before construction of the proposed project. The planned Juvenile Hall Reconstruction Project will be completed by December 2003, and thus may coincide with construction at the Laguna Honda facility. The Juvenile Hall project will replace the existing juvenile facility at the San Francisco Youth Guidance Center, adjacent to and east of the Laguna Honda project site. The project includes the phased demolition and replacement of buildings and infrastructure on the site occupied by Juvenile Hall. The buildings that will be demolished include the boys' and girls' housing units, a chapel,

⁸ Grumet, Dr. Gerald W., "Pandemonium in the Modern Hospital," in *The New England Journal of Medicine*, February 11, 1993, Volume 328, No. 6.

classrooms, and the gymnasium. Six structures, including the court and administration building, would remain. Demolition and construction activities will occur mainly in the northern part of the Youth Guidance Center site. Given that construction activities would be temporary and would occur during the daytime, the cumulative construction noise impacts on off-site receptors would be less than significant.

Traffic Noise

The proposed project would result in an increase in vehicle trips to the site, which could increase traffic noise levels at off-site locations. However, an approximate doubling of traffic volumes would be necessary to produce an increase in ambient noise levels noticeable to most people. Based on the proposed increase in the number of patient beds and the projected increase in employees, the project is not expected to result in a doubling of traffic volumes. Therefore, the project would not result in a noticeable increase in traffic-generated noise levels in the vicinity of the site, and this topic will not be analyzed in the EIR.

Stationary Noise

The proposed project would include mechanical equipment, such as air conditioning units and chillers, which could produce operational noise. These operations would be subject to the San Francisco Noise Ordinance, Article 29 of the San Francisco Police Code. Compliance with Article 29, Section 2909, would limit noise from building operations, and substantial increases in ambient noise levels due to building equipment noise would not be expected. Periodic noise would result from collection of solid waste from the hospital. Waste collection activities with the project would be similar to current waste collection; therefore, the project would not result in a substantial increase in noise from waste collection.

The proposed project would provide three centralized loading and materials management areas: one at the assisted living facility, one at the new main hospital building, and one at the administration building (adjacent to the northeast corner of Wing H of the Main Hospital). The loading facilities would include a minimum of four spaces at the new main hospital and administration building, and an additional two spaces at the proposed assisted living facility. Based on existing loading conditions, the proposed project would generate a loading demand for 20 trucks per day, and up to 7 trucks during the peak loading hour (approximately 6:30 to 7:30 a.m.). All service vehicles would use the main entry, as they do today. Some nearby noise-sensitive receptors (i.e., hospital patients and residents along Dellbrook Avenue) could perceive noise from freight loading and unloading activities. Typical noises would be associated with truck doors closing, hand trucks or dollies rolling up curbs or loading ramps, and truck engines starting. Freight loading would be expected to occur generally during the normal hospital business hours. In the context of the relatively high existing traffic noise in the vicinity during the day, noise from freight loading and unloading would not be substantial, and would not represent a significant impact. Therefore, this topic will not be evaluated in the EIR.

Interior Noise

The proposed project is a hospital, and as such is not subject to the Title 24 noise standards, which apply to residential and certain other uses. The existing background noise levels on the project site are typical of noise levels in urban San Francisco. This existing noise would be occasionally noticeable within the proposed buildings. With standard construction materials, the new hospital and assisted living facility would be expected to provide an exterior-to-interior noise reduction of at least 25 dB(A), and would likely provide greater noise reduction than the older existing facilities. Therefore, this topic will not be evaluated in the EIR.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
6. <u>Air Quality/Climate</u> . Could the project:			
a. Violate any ambient air quality standard or contribute substantially to an existing or projected air quality violation?		X	X
b. Expose sensitive receptors to substantial pollutant concentrations?		X	X
c. Permeate its vicinity with objectionable odors?		X	X
d. Alter wind, moisture or temperature (including sun shading effects) so as to substantially affect public areas, or change the climate either in the community or region?		X	X

Construction Emissions

Construction of the project would create the potential for wind-blown dust to add to the particulate matter in the local atmosphere while soil is exposed. Dust would be generated during building demolition and other construction activities. Earth-moving activities (e.g., grading for the new hospital) could also generate dust. Sensitive receptors in proximity to the project site that could be affected by construction would include the hospital, churches, single-family residences, and senior family housing. Patients and employees on the hospital campus could also be affected by construction of individual projects within other parts of the site. The Bay Area Air Quality Management District's (BAAQMD) CEQA Guidelines note that quantification of construction emissions is not necessary, provided that all feasible dust control measures for construction are implemented. In order to reduce the quantity of dust generated during site preparation and construction, the project sponsor has agreed to implement Mitigation Measure 1 (identified on page 47), thereby reducing construction dust impacts to a less-than-significant level. In addition, the sponsor would comply with the dust standards of the Joint Commission

on Accreditation of Health Care Organizations, as set forth in their standards manual, "Environment of Care Essentials."⁹ As such, the EIR will not address this topic.

Vehicular Emissions

The BAAQMD has established thresholds for projects requiring its review for potential air quality impacts. These thresholds are based on the minimum size of projects that the District considers capable of producing air quality problems due to vehicular emissions. Traffic associated with the project would increase the emission of criteria air pollutants in the region.¹⁰ The net increase in vehicular emissions was quantified using a detailed version of the URBEMIS computer model for the year 2010 (see calculations in Appendix A). The model incorporates motor vehicle emission factors provided by the Air Resources Board statewide emission factor model (EMFAC7F1.1). Based on the traffic generation estimates provided by Wilbur Smith Associates, the proposed project would not generate vehicular emissions that would exceed the BAAQMD thresholds for criteria pollutants or ozone precursors, including reactive organic gases (ROG), oxides of nitrogen (NO_x), and particulate matter with a diameter of less than 10 microns (PM₁₀). Therefore, no significant air quality impacts due to vehicular emissions would be generated by the project, and no further analysis is required.

Traffic associated with the project would also generate localized carbon monoxide (CO) concentrations in the region. The BAAQMD recommends that CO modeling be conducted for projects resulting in traffic that would affect intersections operating at level of service (LOS) D, E, or F, or would cause a decline to LOS D, E, or F.¹¹ Based on the traffic generation estimates provided by Wilbur Smith Associates, the proposed project would add trips to the Woodside Avenue/O'Shaughnessy Boulevard/Portola Drive intersection which currently operates at LOS D, and would result in a decline to LOS E under the cumulative (year 2015) scenario (under the project scenario, the intersection would continue to operate at LOS D). Therefore, this intersection requires CO modeling.

A simplified modeling analysis using the California Department of Transportation CALINE4 computer program was conducted to assess CO concentrations 50, 100, and 300 feet from the Woodside Avenue/O'Shaughnessy Boulevard/Portola Drive intersection with traffic from the project and traffic generated by cumulative projects. Traffic generated at this intersection would not result in exceedances of the State 1-hour or 8-hour CO standards under cumulative conditions (CO calculations are included in

⁹ Stevens, George, Joint Commission on Accreditation of Health Care Organizations, personal communication, October 4, 2000.

¹⁰ State and national ambient air quality standards have been established for the following pollutants: ozone (O₃), carbon monoxide (CO), nitrogen dioxide (NO₂), sulfur dioxide (SO₂), suspended particulate matter with a diameter of less than 10 microns (PM₁₀), and lead (Pb). These pollutants are generally known as "criteria air pollutants." Ozone is not emitted directly, but is formed by chemical reactions between oxides of nitrogen (NO_x) and reactive organic gases (ROG) in the presence of sunlight.

¹¹ Level of service (LOS) is both a quantitative and qualitative description of an intersection or roadway operation ranging from LOS A, or free flow conditions, to LOS F, or highly congested conditions.

Appendix A of this Initial Study).¹² Therefore, impacts related to CO emissions along this roadway intersection would not be significant and no further analysis is required. For these reasons, air quality impacts associated with vehicular emissions will not be analyzed in the EIR.

Odors and Toxic Air Emissions

In general, the proposed hospital uses would not result in objectionable odors; according to Table 4 of the BAAQMD CEQA Guidelines, hospitals are not listed as the types of facilities known to emit objectionable odors. Food-related odors would be typical of the food service facilities (i.e., the cafeteria) on the site. In this case, such odors would be controlled in accordance with BAAQMD Regulation 7 for odorous emissions, and applicable requirements of the San Francisco Public Health Department for proper kitchen filtration and food storage and disposal. Consequently, no significant impacts from such odors are anticipated. Therefore, this topic will not be evaluated in the EIR.

Toxic air pollutants are not expected to occur in any large amounts in conjunction with the operation of the project. Only common forms of hazardous or toxic materials typically used or stored in conjunction with institutional uses are expected to occur on site. These materials are not expected to have the potential to generate toxic air emissions in substantial amounts. Given the above information, this topic will not be analyzed in the EIR.

Consistency with the Clean Air Plan

For a proposed project that does not individually have a significant air quality impact, the BAAQMD requires a determination of consistency of the project with the applicable general plan, and of the general plan with the regional air quality plan. As noted previously in this Initial Study, the proposed Laguna Honda Hospital replacement project would be consistent with the *San Francisco General Plan*.

The general purposes of comparing (in this case) the *San Francisco General Plan* with the BAAQMD *Clean Air Plan* are to determine whether the *General Plan* 1) supports attainment of the State air quality standards (through consistency with population-based emissions forecasts in the *Clean Air Plan*), and 2) supports the performance objective in the California Clean Air Act to reduce the rate of increase in passenger vehicle trips and miles traveled.

The City and County of San Francisco has established land use and transportation policies in the *San Francisco General Plan* that are intended to (among other purposes) improve air quality in San Francisco. The following are included in the policies of the Transportation Element of the *General Plan*, and are

12 CO emissions were calculated based on the projected p.m. peak hour turning movements reported in the transportation study prepared by Wilbur Smith Associates. Use of the projected p.m. peak hour turning movements presents a worst-case scenario of potential CO emissions because the p.m. peak hour is the time period when the maximum use of the transportation system occurs, and when the system capacity is at a maximum.

aimed at reducing congestion on roadways; giving priority to public transit; managing the supply of parking in the downtown area; and promoting coordination between land use and transportation to improve air quality:

- Congestion Management;
- Transit First Policy;
- Transportation Demand Management;
- Transportation System Management;
- Parking Management and Citywide Parking; and
- Mass Transit.

Among these policies, the Transit First policy is aimed at restoring balance to a transportation system by improving the overall mobility for all residents and visitors. It encourages the use of transit and other alternatives to the single-occupant vehicle as modes of transportation, and gives priority to the maintenance and expansion of the local transit system and the improvement of regional transit coordination.

Other policies in the *General Plan* (Air Quality Element) that help reduce vehicle miles traveled include:

- (Policy 3.1) Take advantage of the high density development in San Francisco to improve the transit infrastructure and also encourage high density and compact development where an extensive transportation infrastructure exists;
- (Policy 3.2) Encourage mixed land use development near transit lines and provide retail and other types of service-oriented uses within walking distance;
- (Policy 3.3) Continue existing city policies that require housing development in conjunction with office development and expand this requirement to other types of commercial developments;
- (Policy 3.4) Continue past efforts and existing policies to promote new residential development in and close to the downtown area and other centers of employment;
- (Policy 3.5) Continue existing growth management policies in the city and give consideration to the overall air quality impacts of new development including its impact on the local and regional transportation system in the permit review process;
- (Policy 3.6) Link land use decision making policies to the availability of transit and consider the impacts of these policies on the local and regional transportation system; and
- (Policy 4.1) Increase awareness and educate the public about negative health effects of pollution caused by mobile sources.

Shadow Effects

Section 295 of the City Planning Code was adopted in response to Proposition K (passed in November 1984) in order to protect public open spaces from shadowing by new structures during the period between one hour after sunrise and one hour before sunset, year-round. Section 295 restricts new shadow upon public open spaces under the jurisdiction of the Recreation and Park Department by any structure exceeding 40 feet unless the City Planning Commission finds the impact to be insignificant. The new hospital building would vary between 3 to 7 stories high, with maximum heights of up to 80 feet and the new assisted living facility would be approximately 4 stories high, with heights of about 50 feet; therefore, these buildings are subject to Proposition K requirements. Public open spaces near the project site include the Midtown Terrace Recreation Center, northeast of the site on Olympia Way; the Interior Park Belt, north of Midtown Terrace; Mount Davidson Park, about one-half mile south of the project site; Sunset Heights Park and Hawk Hill Park, about one-half mile west of the project site; Twin Peaks, about one-half mile east of the project site; and a small park at the corner of Laguna Honda Boulevard and Vasquez Avenue, just south of the project site. The Interior Park Belt, Mount Davidson Park, Sunset Heights Park (also known as Golden Gate Heights), Hawk Hill Park, and parts of Twin Peaks are under the jurisdiction of the Recreation and Park Department.¹³

To determine whether this project would conform with Section 295, a shadow fan analysis was prepared by the Planning Department. This analysis determined that the project shadow would not shade public areas subject to Section 295. (A copy of the shadow fan analysis is available for review at the Planning Department, 1660 Mission Street, as part of case file 2000.005K.) Because of the proposed building height and the configuration of existing buildings in the vicinity, the net new shading which would result from the project's construction would be limited in scope, and would not increase the total amount of shading above levels which are common and generally accepted in urban areas.

Wind Effects

Given the relatively low height of the proposed buildings (80 feet or less), and the fact that the site is fairly isolated (i.e., located on a hill and surrounded by an existing vegetation buffer) from surrounding residential neighborhoods and pedestrian walkways, no significant wind effects from the project are anticipated. Therefore, this topic will not be addressed in the EIR.

¹³ Morlin, Mike, Assistant Superintendent of Parks, San Francisco Recreation and Park Department, personal communication, January 26, 2001.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
7. <u>Utilities/Public Services.</u> Could the project:			
a. Breach published national, state or local standards relating to solid waste or litter control?		X	X
b. Extend a sewer trunk line with capacity to serve new development?		X	X
c. Substantially increase demand for schools, recreation or other public facilities?		X	X
d. Require major expansion of power, water, or communications facilities?		X	X

Solid Waste

San Francisco's solid waste is disposed of at the Altamont Landfill. A substantial expansion of the landfill was approved in 1997 that would allow the landfill to accommodate San Francisco's solid waste stream well into the future. The proposed project would result in an increase of up to 66 full-time staff, and up to 275 hospital and assisted living beds, and therefore, the demand for and use of solid waste services would increase. However, this increase would not be in excess of amounts expected and provided for in the project area, and would not be expected to have any substantial effect on the life of the Altamont Landfill. No national, State, or local solid waste standards would be violated. Therefore, the proposed project would not result in significant impacts related to waste generation, and this topic will not be analyzed in the EIR.

Wastewater

The site is served by San Francisco's combined sewer system, which handles both sewage and stormwater runoff. (Impacts related to stormwater runoff are discussed under Checklist item 10, Water, below.) The proposed project buildings would be connected to existing sewer lines. Construction of new sewer trunk lines would not be needed because the project area is already adequately served by existing sewer infrastructure.

Wastewater treatment is provided primarily by the Southeast Water Pollution Control Plant. The proposed project would meet the wastewater pre-treatment requirements of the San Francisco Public Utilities Commission, as required by the San Francisco Industrial Waste Ordinance. According to the Southeast Water Pollution Control Plant, the treatment facility currently receives 16 to 17 million gallons of wastewater per day. The design capacity for the treatment facility is 21 million gallons of wastewater per day. The additional facilities, patients, and employees resulting from the proposed project would generate approximately 24,000 gallons of wastewater per day. Therefore, the proposed project would incrementally increase wastewater flows, but not in excess of amounts expected and provided for in the

project area, and would not be expected to have a significant effect on sewer services. This topic therefore will not be addressed in the EIR.

Other Public Utilities

The proposed project would result in an increase of up to 66 full-time staff, and up to 275 hospital and assisted living beds. As a result, there would be an incremental increase in the demand for and use of power, water, communication, and other public utilities, but not in excess of amounts expected and provided for by the existing utility infrastructure. Significant effects on these public utilities are, therefore, not expected, and this topic will not be analyzed in the EIR. (Energy use is discussed under Checklist item 11, below.)

Police and Fire Protection Services

The project site is currently developed with a hospital, which receives police and fire protection services. The proposed project would result in an increase of up to 66 full-time staff, and up to 275 hospital and assisted living beds. The proposed replacement hospital would generate a similar demand for such services as provided by the existing hospital. Development of a new assisted living facility could increase the number of calls for service above the existing demand. However, the project-related increase in demand for police and fire protection services would not be substantial given the overall demand for such services in central San Francisco. Further, emergency access routes to the hospital would remain the same upon implementation of the proposed project. Therefore, no new police or fire protection facilities would be required to serve the proposed project. Impacts to police and fire protection service would therefore not be significant, and this topic will not be addressed in the EIR.

Recreation

There are no public recreation facilities on the project site. Several informal, unpaved trails on the site are used occasionally by area residents. Outdoor amenities currently provided for hospital patients include a small garden adjacent to the hospice section of the hospital and a victory garden near the greenhouse. The proposed project would involve the development of a new hospital, assisted living facility, and parking areas; the majority of the site would remain as open space. Activities for the hospital patients and residents of the assisted living facility would be provided by the hospital and assisted living facility. The existing gardens on the project site would be retained or replicated. The project would not directly increase the residential population of San Francisco, and thus would not result in an increased demand for recreational facilities. Impacts to recreation facilities would not be significant, and this topic will not be addressed in the EIR.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
8. <u>Biology</u> . Could the project:			
a. Substantially affect a rare or endangered species of animal or plant or the habitat of the species?		X	X
b. Substantially diminish habitat for fish, wildlife or plants, or interfere substantially with the movement of any resident or migratory fish or wildlife species?		X	X
c. Require removal of substantial numbers of mature, scenic trees?		X	X

A field survey was conducted on May 23, 2000 by Impact Sciences to identify biological resources on the project site and to confirm the conclusions of the biological resources report prepared in 1994 by Leitner, Arnold, and Renshaw.¹⁴ Portions of the project site immediately adjacent to the buildings are generally landscaped with ornamental plants. Most of the remainder of the site is dominated by invasive exotic plants and trees, particularly blue gum eucalyptus trees (*Eucalyptus* sp.), Himalayan blackberry (*Rubus discolor*), brooms (*Cytisus* sp. and *Genista* sp.), and English ivy (*Hedera helix*). Small amounts of native vegetation are scattered along the northern portion of the site, including willows (*Salix* sp.) in the low, creekside area, wildflowers amongst the non-native grasslands in the northwestern portion of the site, and poison oak (*Toxicodendron diversilobum*) shrubs among the eucalyptus trees.

An intermittent creek running parallel to Clarendon Avenue is located in the northwestern portion of the site. A biological investigation of the project site conducted in January 1994 noted that the creek represented potential habitat for the San Francisco forktail damselfly (*Ischnura gemina*), proposed for federal listing at the time of the study but no longer considered a special status species, and the Tomales isopod (*Caecidotea tomalensis*), a federal Species of Concern;¹⁵ however, both these species are associated with permanent bodies of standing water, and the damselfly prefers open, sunlit areas. Given that (1) no water was observed in the creek during the previous investigation, (2) the sloping nature of the creek limits the presence of standing water, and (3) the dense canopy of eucalyptus trees lining the creek limits the amount of direct sunlight, the 1994 biology report concluded that neither the damselfly nor the isopod is expected to occur on the site. During the May 23, 2000 field survey, the creek was inaccessible due to the impenetrable growth of Himalayan blackberries. Because the creek was found to contain several willows, it may contain running water. However, the other site conditions (sloping nature of the creek and dense canopy of trees present) would make the site unsuitable habitat for the damselfly and the

¹⁴ Impact Sciences, *Biological Site Assessment of the Laguna Honda Hospital Project Site*, memorandum, May 30, 2000. Available for review at the Planning Department, 1660 Mission Street, as part of case file 2000.005E.

¹⁵ Leitner, Arnold and Renshaw, *Biological Resources Scoping Study, Laguna Honda Hospital Project*, San Francisco California, January, 1994. Available for review at the Planning Department, 1660 Mission Street, as part of case file 2000.005E.

isopod. Other than the potential for running water in the creek, site conditions in all of the undeveloped portions of the site were found to be relatively unchanged since 1994.

During the May 23, 2000 field survey, a number of common wildlife species were observed on the site, including house finch (*Carpodacus erythrinus*), white-crowned sparrow (*Zonotrichia leucophrys*), European starling (*Sturnus vulgaris*), olive-sided flycatcher (*Contopus cooperi*), Wilson's warbler (*Wilsonia canadensis*), bushtit (*Psaltiriparus minimus*), American robin (*Turdus migratorius*), California towhee (*Pipilo crissalis*), and red-shouldered hawk (*Buteo linneatus*). No rare or endangered plant or animal species were observed during the field survey.

A search of the California Department of Fish and Game's California Natural Diversity Data Base identified the San Francisco gumplant (*Grindelia maritima*) and the mission blue butterfly (*Icaricia icarioides missionensis*) as present in the area. The potential for occurrence of these species was evaluated in the 1994 biology report and was dismissed due to the lack of suitable habitat on site. As noted above, the undeveloped portions of the site appear to be unchanged since 1994, as they remain greatly dominated by non-native exotic vegetation.

Development of the project would require the removal of several trees from the site, particularly in the central Clarendon Valley portion of the site and in the area of the existing Main Hospital wings to be demolished. Given that these trees are not utilized by any special-status wildlife species, their removal would not be considered a significant impact. Visual quality impacts of tree removal are discussed under Checklist item 2, Visual Quality, above.

As stated previously, most of the project site does not contain native vegetation. The 1994 biology report concluded that no rare or endangered plant or animal species are expected to occur on the project site; this conclusion was confirmed in the May 2000 field survey. No development would occur in or near the location of the creek on the project site, and no fish or aquatic species habitat would be directly affected by project development. For the above reasons, significant impacts to biological resources would not occur, and this topic will not be addressed in the EIR.

Laguna Honda hospital is located in an urban surrounding. The majority of lighting sources in the area consist of residential homes, cars, and streetlights. The campus is located roughly midway between two open space areas, the Mount Sutro Open Space Preserve and Mount Davidson Park. These two areas, along with the project site, generate relatively minimal night lighting on a regional scale due to their associated areas of open space.

As mentioned above, the project site includes open space areas that offer minimal night lighting. In addition, the open space area of the project site provides prey (e.g., rodents) for owls and other wildlife in the area. Although owl surveys have not been conducted, given the above, a potential exists for owls in the area to use the project site for foraging purposes during the nighttime.

Increased night lighting could potentially disrupt foraging behavior of owls in the project site. The project design would include low-profile, low intensity lighting directed downward to minimize light and glare. All lighting adjacent to the open space area would be downcast luminaries with light patterns directed away from the natural areas. Therefore, the proposed project would not result in any significant impacts related to owls.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
9. <u>Geology/Topography</u> . Could the project:			
a. Expose people or structures to major geologic hazards (slides, subsidence, erosion and liquefaction)?		X	X
b. Change substantially the topography or any unique geologic or physical features of the site?		X	X

Except as otherwise noted, the information presented below regarding geology and topography is based on a geotechnical investigation prepared by URS Corporation in October 2000.¹⁶ The URS Corporation report also reflects the results of a geotechnical investigation prepared by Woodward-Clyde Consultants in January 1982.¹⁷

Subsurface Profile

The major geologic units encountered at the project site include predominantly Colma Sand, and limited alluvium in Clarendon Valley. Other geologic units encountered at the project site include artificial fill, colluvium, and dune sand. Franciscan bedrock, which is typically present below the Colma Foundation or the alluvium/colluvium units, is estimated to vary in elevation from approximately 300 to 450 feet (City and County of San Francisco Datum).

For purposes of discussing subsurface conditions, the site can be subdivided into three separate areas: (1) the high ground area around Clarendon Hall, (2) the high ground area just north of the existing Main Hospital building, and (3) the low-lying area and sloping ground between those two areas.

The Clarendon Hall area is underlain by very dense Colma Sand. In some areas, the upper 5 to 10 feet may include a thin layer of fill and, possibly, a dune sand layer that is typically medium dense to dense. Tests performed for the report showed the soils to be consistently very dense from the surface to the maximum depth explored (35 to 50 feet).

The subsurface conditions near the existing Main Hospital building are characterized by very dense Colma Sand that extends from a depth of approximately 2 to 5 feet below the ground surface to the maximum depth explored (40 to 50 feet). The near-surface soils consist of 2 to 5 feet of silty to clayey sand and sandy clays that are generally very stiff to hard soils.

The subsurface conditions in the low-lying area (which generally corresponds to Clarendon Valley) include a layer of fill, typically less than five feet thick, consisting of silty sand with clay pockets, gravel, and wood fragments; a series of interbedded deposits, consisting of silty sand to sandy silt, clayey sand to sandy clay, and clay that generally range from stiff to hard; and very dense Colma Sand (within most of the area). Within a relatively small area, rock was encountered below the Colma Sand or below the alluvium/colluvium layers.

¹⁶ URS Corporation, *Geotechnical Investigation and Geologic and Seismic Hazards Assessment, Laguna Honda Hospital*, Final Report, October 6, 2000. Available for review at the Planning Department, 1660 Mission Street, as part of case file 2000.005E.

¹⁷ Woodward-Clyde Consultants, *Geotechnical Investigation for the Laguna Honda Hospital Feasibility Study*, January 11, 1982. Available for review at the Planning Department, 1660 Mission Street, as part of case file 2000.005E.

Based on field observation, it appears that the groundwater level is deeper than 50 feet below the ground surface, and perhaps as deep as 100 feet. Perched groundwater may be present over the colluvium layer, in areas where bedrock is present at relatively shallow depths.

Geologic and Seismic Hazards

The site is in the seismically active San Francisco Bay area, and is subject to the effects of large magnitude earthquakes. The significant earthquakes that have occurred in the Bay Area are generally associated with crustal movement along well-defined active fault zones that include the San Andreas, Hayward, and Calaveras faults. The San Andreas and Hayward faults have the highest slip rates and are the most seismically active faults in the Bay Area. Other faults within the project vicinity that are capable of producing large-magnitude earthquakes are the San Gregorio, Calaveras, Rodgers Creek, and Greenville faults. The closest active fault to the project site is the San Andreas fault, which is approximately 4.7 miles southwest of the site. Two local inactive faults have been mapped in the vicinity of the project site: the City College fault and the Hillside fault, which are approximately 1 mile and 2.8 miles to the southwest, respectively. No active or potentially active faults have been mapped on or adjacent to the project site.

According to the Community Safety Element of the *San Francisco General Plan*, the project site is within an area subject to groundshaking from earthquakes along the San Andreas and Northern Hayward faults and other faults in the San Francisco Bay Area (Maps 2 and 3 of the Community Safety Element). The proposed facility would likely experience strong seismic shaking during its design lifetime. The highest peak ground acceleration at the project site is expected to occur from a Mw 7.8 earthquake on the San Andreas fault.¹⁸ Estimates of peak ground acceleration were made for two probability levels corresponding to (1) a low-level event having a 10 percent probability of exceedance in 50 years, and (2) an upper-level event having a 10 percent probability of exceedance in 100 years. The estimated peak ground acceleration values for the central portion of the site range from 0.7g to 0.83g; the estimated peak ground acceleration values for the remainder of the site range from 0.65 to 0.77g.¹⁹ Potential impacts related to groundshaking would improve upon implementation of the proposed project because the proposed buildings would meet current requirements for seismic resistance, unlike the existing structures, which are seismically unsound.

The project site is not located in an Alquist-Priolo Earthquake Fault Zone. Based on the absence of zoned faults, and the lack of geomorphic expression of faulting in the site vicinity, the hazard from ground rupture is considered low. Therefore, no impacts with respect to fault rupture are anticipated to occur.

¹⁸ Mw = moment magnitude, a measure of earthquake magnitude (based on rupture area) recommended by the California Division of Mines and Geology for seismic analysis.

¹⁹ Units of gravity, expressed as a percentage (e.g., 0.2g is equal to 20 percent of gravity).

According to the *San Francisco General Plan*, the project site is located within an area susceptible to landslide hazards (Map 5 of the Community Safety Element). Landslides have been mapped and reported near the site at Castaneda Street, near Clarendon Avenue; the Youth Guidance Center; Twin Peaks Boulevard, between Panorama and Portola; and Twin Peaks Boulevard south of La Place Canyon. A review of aerial photographs and geologic reconnaissance of the site, however, did not reveal any evidence of landslides, and exploratory borings indicated that the Colma Formation, which underlies the hospital structures, contains dense to very dense sands and clayey sands that are considered resistant to landsliding. The potential for seismically-induced landsliding is therefore considered to be low, and significant impacts related to landsliding are not expected to occur.

The project site is not within an area of liquefaction potential designated by the Division of Mines and Geology on the State of California Seismic Hazard Zones Map. Based on the late Pleistocene age of the Colma formation, the moderate to very high density of the sands, and the depth of groundwater (deeper than 30 feet), the potential for liquefaction to occur is low. As such, no significant impacts related to liquefaction, lurching, or lateral displacement are expected to occur on the site.

Loose soils at the project site susceptible to densification due to earthquake shaking are typically less than five feet thick and tend to be near the ground surface. Much of this soil would be removed during the construction process. Therefore, the risk of densification and differential settlement is considered to be very low.

The project site is located at an elevation of about 500 feet above sea level and is approximately 2.8 miles from the Pacific Ocean. According to the *San Francisco General Plan* (Map 6 in the Community Safety Element) the site is not within the boundary of inundation from a 20-foot tsunami at the Golden Gate. Therefore, no significant impacts with respect to tsunamis are expected to occur.

Seiches are waves in an enclosed body of water. The project site is located approximately 0.25 miles southeast of the Laguna Honda Reservoir, a 6-acre reservoir that was constructed in the late 1860s. Given this distance, and the fact that the project site is 100 feet higher in elevation, no significant impacts related to seiches are anticipated to occur.

The closest reservoir to the site, the Sutro Reservoir, is located approximately 1,000 feet northeast and downstream of the site (the reservoir is beneath the Midtown Terrace Recreation Center). According to the *San Francisco General Plan* (Map 7 in the Community Safety Element) the project site is located within a possible area of inundation due to reservoir failure. However, the lowest elevation on the project site (at the northern end of the site) is approximately 100 feet above the channel, so that flooding as a result of potential reservoir failure would not result in a significant impact. Two water tanks are located approximately 250 feet east of the existing Main Hospital, in the eastern corner of the project site. The tanks are seismically anchored to their bases, and the pipelines connected to the tanks have been

seismically retrofitted.²⁰ Therefore, the tanks are not expected to inundate the site in the event of an earthquake-induced failure. For these reasons, no significant impacts with respect to seismically-induced flooding are expected to occur.

The project sponsor has provided a geotechnical investigation report prepared by a California-licensed geotechnical engineer (the 2000 URS Corporation report referenced previously) that is on file with the Planning Department and available for public review as part of the project file. The geotechnical report found the subsurface conditions to be suitable for the proposed construction. Definitive recommendations cannot be provided at this stage of project design. Generalized recommendations contained in the report include but are not limited to:²¹

- Use of seismic design criteria based on the 1997 Uniform Building Code (UBC) and the 1995 City Building Code (CBC);
- Use of certain soil-bearing pressures for spread footings of various sizes, at various depths beneath the ground surface;
- Use of drilled piers, Tubex piles, or steel-reinforced cement piles for deep foundations;
- Use of piles or tie-down anchors if shallow foundations are used;
- Use of specified criteria for the design of the foundation system to resist lateral forces;
- Guidelines for construction of slab-on-grade floors;
- Use of a vapor barrier below slabs where dampness caused by vapor transmission through the soil and concrete slab is unacceptable; and
- Use of shoring or sloping cuts for temporary excavations, and specified slope limits.

Additional geotechnical work would be required to finalize the geotechnical and seismic recommendations for the design of the facility. Additional explorations may also be required. The sponsor has agreed to incorporate the recommendations of these investigations into the design of the proposed project.

OSHPD and DBI would review the final building plans for the proposed project, with respect to their areas of jurisdiction. In reviewing building plans, DBI refers to a variety of information sources to determine existing hazards and assess requirements for mitigation. Sources reviewed include maps of Special Geologic Study Areas and known landslide areas in San Francisco as well as the building inspectors' working knowledge of areas of special geologic concern. OSHPD would review the building

²⁰ Funk, Lawrence, Executive Administrator, Laguna Honda Hospital & Rehabilitation Center, personal communication, August 23, 2000.

²¹ URS Corporation, *Geotechnical Investigation and Geologic and Seismic Hazards Assessment, Laguna Honda Hospital*, Final Report, October 6, 2000. Available for review at the Planning Department, 1660 Mission Street, as part of case file 2000.005E.

plans for compliance with standards established pursuant to the Hospital Seismic Safety Act. The above-referenced geotechnical investigation(s) would be available for use by the DBI and OSHPD during their review of building permits for the site. Also, DBI could require that additional site-specific soils report(s) be prepared in conjunction with permit applications, as needed. Adherence to the above measures would reduce all impacts related to geotechnical hazards to a less-than-significant level.

Unique Geologic and Topographic Features

The project site consists primarily of developed areas (the hospital building, Clarendon Hall, bridge building, support structures, parking lots), forested areas, and landscaped open space. The site does not contain any unique geologic or topographic features; therefore, no impacts related to such features would occur.

Other Geologic Issues

Depending on the depth of earthwork required for the project, dewatering may be necessary during excavations for the proposed structures. Potential impacts related to dewatering are discussed under Checklist item 10, Water, below. Site grading would disturb the existing fill material. Measures to prevent dust and transfer of soil to adjacent streets are discussed above under Checklist item 6, Air Quality/Climate.

According to the project sponsor, pile driving is not anticipated to be used as part of the project, given the low potential for settlement at the site. Therefore, no significant impacts with respect to pile driving activities would occur.

Based on the discussion above, significant impacts associated with geology and topography are not anticipated. Therefore, these topics will not be addressed in the EIR.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
10. <u>Water</u> . Could the project:			
a. Substantially degrade water quality, or contaminate a public water supply?		X	X
b. Substantially degrade or deplete groundwater resources, or interfere substantially with groundwater recharge?		X	X
c. Cause substantial flooding, erosion or siltation?		X	X

Water Quality

The project site currently drains from the two knolls into Clarendon Valley; the drainage from the eastern and western portions of the Main Hospital and Clarendon Hall flows eastward and westward, respectively, off the site into the combined sewer system operated by the San Francisco Public Utilities

Commission. Water from the combined sewer system is treated at the Southeast Water Pollution Control Plant prior to discharge into the San Francisco Bay. Surface runoff in the area north of Clarendon Hall does not enter the City's combined sewer system and drains to the Laguna Honda Reservoir located to the northwest of the site. The project site does not contain a public water supply, and the developed portions of the site do not drain into a public water supply.

During a Phase I Environmental Site Assessment of the project site conducted in April 2000 by Weiss Associates, no point sources of water pollution were identified. In addition, there was no indication of contact of stormwater with outdoor industrial areas, and no industrial wastewater streams were identified other than those associated with the laundry building (where detergents could be released into the combined sewer system).²² The site is currently exempt from stormwater monitoring requirements for runoff that may contain toxic pollution, based on the hospital's Standard Industrial Classification code as stated in the State Water Resources Control Board Water Quality Order No. 97-03-DWQ.

The proposed project would not introduce any new point sources of water pollution, given that the proposed uses would generally remain the same as the existing uses. However, the project would slightly increase non-point sources of water pollution due to the projected increased use of the project site by automobiles and trucks, and project-generated automobile and bus travel contributing to pollution in runoff from nearby roadways. As under existing conditions, runoff from the project site would enter the City's combined sewer system and Laguna Honda Reservoir. Treatment of runoff in the combined sewer system would be provided pursuant to the effluent discharge limitations set by the Southeast Water Pollution Control Plant National Pollutant Discharge Elimination System (NPDES) permit. The area north of Clarendon Hall (which drains into the Laguna Honda Reservoir) would continue to be undeveloped and, therefore, the quality of drainage from this area would not change. Given this information, no impacts related to water quality or supply would occur. Therefore, water quality will not be analyzed in the EIR. (Potential impacts related to changes in impermeable surfaces are discussed under "Flooding, Erosion, and Siltation" below.)

Groundwater Resources

According to the Phase I Environmental Site Assessment report, there is no evidence of contamination of the groundwater underlying the site.²³ The project would involve development of an assisted living facility (within generally the same building footprint as the existing Clarendon Hall or elsewhere within the proposed construction zone) and new hospital building (within a slightly larger footprint compared to the existing Main Hospital and support structures). Given that a substantial amount of the site will remain as open space, no impacts related to interference with groundwater recharge would occur.

²² Chamberlain, Melissa, Weiss Associates, personal communication with Impact Sciences, June 13, 2000.

²³ Weiss Associates, *Laguna Honda Hospital Draft Final Phase I Environmental Site Assessment*, April 21, 2000. Available for review at the Planning Department, 1660 Mission Street, as part of case file 2000.005E.

Dewatering could be required as part of project excavation. Any groundwater encountered during construction of the proposed project would be subject to the City's Industrial Waste Ordinance (Ordinance Number 199-77), which requires that groundwater meet specified water quality standards prior to discharge into the sewer system. The Bureau of Systems Planning, Environment and Compliance of the San Francisco Public Utilities Commission must be notified of projects necessitating dewatering, and may require water analysis before discharge.

Should dewatering be necessary, the final geotechnical report for the project would address the potential for associated settlement and subsidence. The report would contain a determination as to whether or not a lateral movement and settlement survey should be conducted during dewatering to monitor any movement or settlement of surrounding buildings and adjacent streets. If a monitoring survey is recommended, the Department of Public Works would require that a Special Inspector (as defined in Article 3 of the Building Code) be retained by the project sponsor to perform this monitoring. In addition, groundwater observation wells would be installed to monitor potential settlement and subsidence. If, in the judgment of the Special Inspector, unacceptable movement were to occur during dewatering, groundwater recharge would be required to halt this settlement. Costs for the survey and any necessary repairs to service lines under the street would be borne by the project sponsor.

If dewatering were necessary, the project sponsor would follow the recommendations of the geotechnical engineer or environmental remediation consultant, in consultation with the Bureau of Environmental Regulation and Management of the San Francisco Public Utilities Commission (Bureau), regarding treatment, if any, of pumped groundwater prior to discharge to the combined sewer system. If required by the Bureau, groundwater pumped from the site would be retained in a holding tank to allow suspended particles to settle, to reduce the amount of sediment entering the combined sewer system. Therefore, significant impacts related to groundwater would not occur, and this topic will not be discussed in the EIR.

Flooding, Erosion, and Siltation

Flooding. The project site is currently developed with hospital buildings and support structures, parking lots, and paved internal roadways, as well as landscaped and open space areas. The entire site is approximately 2,700,720 square feet in area (62 acres); existing impervious surfaces on the site (e.g., buildings, roads, and parking) total about 18 acres.

The exact change in impervious surfaces that would result from the project cannot be determined at this time, because building plans are in progress. Based on the general construction zones defined for the proposed project, and assuming that all areas within the construction zones would be impervious surfaces, the project would result in at most about 20 acres of impervious surfaces, or a 2-acre increase. However, it is expected that some areas within the construction zones would be landscaped, and the

actual increase in impervious surface would be less. For these reasons, the potential change in surface runoff is not anticipated to be significant, and surface runoff will not be analyzed in the EIR.

Erosion and Siltation. Although much of the proposed project development would occur within areas that are currently developed or disturbed, construction activities such as earthwork could lead to erosion where soil is exposed. As noted above under the discussion of Checklist item 6, Air Quality, the project sponsor has agreed to implement Mitigation Measure 2 to reduce construction dust impacts. During construction, requirements to reduce erosion would be implemented pursuant to California Building Code Chapter 33, Excavation and Grading. For these reasons, significant impacts with respect to erosion and siltation would not occur, and this topic will not be analyzed in the EIR.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
11. <u>Energy/Natural Resources.</u> Could the project:			
a. Encourage activities which result in the use of large amounts of fuel, water, or energy, or use these in a wasteful manner?		X	X
b. Have a substantial effect on the potential use, extraction, or depletion of a natural resource?		X	X

In 1996, the City and County of San Francisco consumed approximately 5,000 gigawatt-hours (GWh) of electricity and approximately 27,000,000 million British thermal units (MMBtu) of natural gas. Electricity demand statewide and in San Francisco tends to grow at approximately 1 percent to 2 percent per year. Natural gas consumption is expected to grow similarly, but actually peaked in San Francisco in 1989 at approximately 32,000,000 MMBtu and has not yet returned to that level.²⁴

The project would involve the construction of a hospital and support facilities and an assisted living facility to provide skilled nursing care, hospice, rehabilitation, acute medical, senior nutrition, and adult day health services. The proposed uses would be similar to the existing uses, with an increase in the number of beds. The increase in beds and the operation of the assisted living facility could result in an increase in energy use. However, the proposed facilities would replace older facilities that are not as energy-efficient, and as a result there could be less of an increase in energy use. For these reasons, the project would not result in the use of large amounts of fuel, water, or energy. The proposed facilities would meet current state and local codes pertaining to energy consumption. As such, the project would not result in a wasteful use of energy. No significant impacts would occur, and therefore energy use will not be analyzed in the EIR.

²⁴ City and County of San Francisco Planning Department, *First and Howard Streets Project, Final Environmental Impact Report*, January 13, 2000. Available for review at the San Francisco Planning Department, 1660 Mission Street, as part of case file 1999.902E.

Other than natural gas and coal fuel used to generate electricity for the project, the project would not use substantial quantities of other non-renewable natural resources. Therefore, the project would not have a substantial effect on the use, extraction, or depletion of a natural resource. This topic will not be evaluated in the EIR.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
12. <u>Hazards</u> . Could the project:			
a. Create a potential public health hazard or involve the use, production, or disposal of materials which pose a hazard to people or animal or plant populations in the area affected?		X	X
b. Interfere with emergency response plans or emergency evacuation plans?		X	X
c. Create a potentially substantial fire hazard?		X	X

Hazardous Materials

The proposed project would involve the demolition of most of the existing structures on the site, including the boiler and power plant, laundry facility, bridge building, greenhouse, shop building, garage, and Clarendon Hall. The front part of the Main Hospital would be renovated for administrative functions; the remaining wings (i.e., Wings C, D, E, F, G, K, L, M, and O) would be demolished. A Phase I Environmental Site Assessment for the project site, conducted in April 2000 by Weiss Associates, concluded that asbestos-containing materials may be found within the existing structures proposed to be renovated or demolished as part of the project.²⁵ Section 19827.5 of the California Health and Safety Code, adopted January 1, 1991, requires that local agencies not issue demolition or alteration permits until an applicant has demonstrated compliance with notification requirements under applicable Federal regulations regarding hazardous air pollutants, including asbestos. The BAAQMD is vested by the California legislature with authority to regulate airborne pollutants, including asbestos, through both inspection and law enforcement, and is to be notified ten days in advance of any proposed demolition or abatement work.

Notification includes the names and addresses of operations and persons responsible; description and location of the structure to be demolished/alterd including size, age and prior use, and the approximate amount of friable asbestos; scheduled starting and completion dates of demolition or abatement; nature of planned work and methods to be employed; procedures to be employed to meet BAAQMD requirements; and the name and location of the waste disposal site to be used. The District randomly inspects asbestos removal operations. In addition, the District will inspect any removal operation for which a complaint has been received.

²⁵ Weiss Associates, *Laguna Honda Hospital Draft Final Phase I Environmental Site Assessment*, April 21, 2000. Available for review at the Planning Department, 1660 Mission Street, as part of case file 2000.005E.

The local office of the State Occupational Safety and Health Administration (OSHA) must be notified of asbestos abatement to be carried out. Asbestos abatement contractors must follow state regulations contained in Title 8, Sections 341.6 through 341.14, and Section 1529 of the California Code of Regulations where there is asbestos-related work involving 100 square feet or more of asbestos-containing material. Asbestos removal contractors must be certified as such by the Contractors Licensing Board of the State of California. The owner of the property where abatement is to occur must have a Hazardous Waste Generator Number assigned by and registered with the Office of the California Department of Health Services in Sacramento. The contractor and hauler of the material is required to file a Hazardous Waste Manifest which details the hauling of the material from the site and its disposal. Pursuant to California law, DBI would not issue the required permit until the applicant has complied with the notice requirements described above. These regulations and procedures, already established as a part of the permit review process, would insure that any potential impacts due to asbestos would be reduced to a level of insignificance.

The Phase I Environmental Site Assessment for the project site concluded that lead-based paint may be found on the painted surfaces of existing structures proposed for demolition or renovation as part of the project. Demolition must comply with Chapter 36 of the San Francisco Building Code, Work Practices for Exterior Lead-Based Paint. Where there is any work that may disturb or remove lead-based paint on the exterior of any building built prior to December 31, 1978, Chapter 36 requires specific notification and work standards, and identifies prohibited work methods and penalties.

Chapter 36 applies to buildings or steel structures on which original construction was completed prior to 1979 (which are assumed to have lead-based paint on their surfaces), where more than ten total square feet of lead-based paint would be disturbed or removed. The ordinance contains performance standards, including establishment of containment barriers, at least as effective at protecting human health and the environment as those in the U.S. Department of Housing and Urban Development Guidelines (the most recent Guidelines for Evaluation and Control of Lead-Based Paint Hazards) and identifies prohibited practices that may not be used in disturbance or removal of lead-based paint. Any person performing work subject to the ordinance shall make all reasonable efforts to prevent migration of lead paint contaminants beyond containment barriers during the course of the work, and any person performing regulated work shall make all reasonable efforts to remove all visible lead paint contaminants from all regulated areas of the property prior to completion of the work.

The ordinance also specifies notification requirements, contents of notice, and requirements for signs. Notification includes notifying bidders for the work of any paint-inspection reports verifying the presence or absence of lead-based paint in the regulated area of the proposed project. Prior to commencement of work, the responsible party must provide written notice to the Director of the DBI of the location of the project; the nature and approximate square footage of the painted surface being disturbed and/or removed; anticipated job start and completion dates for the work; whether the responsible party has reason to know or presume that lead-based paint is present; whether the building is

residential or nonresidential, owner-occupied or rental property, approximate number of dwelling units, if any; the dates by which the responsible party has or will fulfill any tenant or adjacent property notification requirements; and the name, address, telephone number, and pager number of the party who will perform the work. (Further notice requirements include Sign When Containment is Required, Notice by Landlord, Required Notice to Tenants, Availability of Pamphlet related to protection from lead in the home, Notice by Contractor, Early Commencement of Work [by Owner, Requested by Tenant], and Notice of Lead Contaminated Dust or Soil, if applicable.) The ordinance contains provisions regarding inspection and sampling for compliance by DBI, and enforcement, and describes penalties for non-compliance with the requirements of the ordinance. These regulations and procedures by the San Francisco Building Code would ensure that potential impacts of demolition, due to lead-based paint, would be reduced to a level of insignificance.

Other hazardous materials are stored on the project site, including floor cleaners, paints, flammable materials, and gasoline. However, adequate storage and handling procedures are in place. The management of the hospital's hazardous materials is overseen by the San Francisco Department of Public Health (SFDPH) and audits are performed yearly. Pesticides are also used and stored on the site; the Phase I report did not identify any issues of concern pertaining to pesticides. Given that the proposed project would also comply with SFDPH requirements and requirements related to pesticide use/storage, no significant impacts related to hazardous materials are anticipated. Therefore, this topic will not be analyzed in the EIR.

Hazardous waste is generated throughout the project site from various medical processes that occur in the Main Hospital, Clarendon Hall, and the Clarendon Valley portion of the site. Wastes accumulate for up to 90 days after generation prior to disposal. Site records indicate the former presence of three incinerators in the Main Building, near the power plant, and northeast of the Clarendon Hall parking lot; environmental releases related to these incinerators have not been identified but may have potentially occurred. Due to the lack of knowledge of the site's historical waste handling procedures, contamination could potentially exist in the areas of the former incinerators. However, the SFDPH-Hazardous Materials Unified Program Agency (HMUPA) has issued a compliance certificate which allows the generation of hazardous wastes at the site, SFDPH oversees the hazardous waste processes on the site, and appropriate handling procedures are in place for the storage and processing of the hazardous wastes. The Phase I report did not identify any issues of concern related to hazardous wastes. Given that the proposed project would also comply with SFDPH requirements, no significant impacts are anticipated, and this topic will not be analyzed in the EIR.

Soil and Groundwater Contamination

The project site contains several underground and above-ground storage tanks. No known areas of soil or groundwater contamination exist at the project site. During the abandonment-in-place of two underground diesel tanks located in the Clarendon Valley area of the site, soil borings were completed

near the tanks. The soil samples collected contained benzene, toluene, ethyl benzene and total xylenes at levels that were at or below the analytical laboratory's detection thresholds. The Phase I report identified suspected areas of soil and groundwater contamination due to the presence of other storage tanks on the site, particularly an underground sump or tank in the northeastern bay of the garage and three gasoline underground storage tanks formerly located south of the laundry building. In addition, the active gasoline underground storage tank, located east of the power plant, has the potential to have released MTBE in the soil. For these reasons, excavation activities within the Clarendon Valley area (i.e., near the garage, laundry, and power plant buildings) could result in the disturbance of soils and groundwater containing hazardous materials. To reduce the potential impacts associated with soil and groundwater contamination, the project sponsor has agreed to implement Mitigation Measure 2 (identified on page 47). Therefore, the EIR will not address this topic.

The Phase I report has recommended that the project sponsor sample the suspected areas of contamination prior to construction activities. If the sampling indicates that hazardous materials are present, the area would be remediated pursuant to the standards, regulations, and determinations of local, state, and federal regulatory agencies. The hazardous substances would be removed and disposed of at an approved site, or other appropriate actions would be taken. If the sampling determines that existing soil and groundwater conditions would pose significant human health or safety hazards, a Site Safety and Health Plan would be prepared pursuant to California Division of Occupational Safety and Health (Cal-OSHA) requirements and National Institute for Occupational Safety and Health guidance to ensure worker safety. Under Cal-OSHA requirements, the Site Safety and Health Plan would need to be prepared prior to initiating any earth-moving activities at the site. The plan would contain policies and procedures to protect site workers from potential health and safety impacts related to contaminated soil and groundwater. The plan would apply to all site activities through the completion of earthwork construction. It would include specific training requirements and personal protection equipment for on-site workers.

Emergency Response Plans

The site does not support any critical or emergency facilities and the project would not alter any evacuation routes. It is not anticipated that any traffic lanes on either Woodside Avenue or Laguna Honda Boulevard would need to be closed during construction. If it is determined that temporary traffic lane closures would be required, the closures would be coordinated with the City to minimize the impacts on local traffic. Lane closures would be subject to review and approval by the Department of Public Works and the Interdepartmental Staff Committee and Traffic and Transportation.

Fire Hazards

The existing campus is generally developed with hospital buildings, a bridge structure, and support facilities. The remainder of the site (surrounding the developed areas) consists of open space and

landscaped areas, including mature eucalyptus and other non-native trees and native vegetation in the northern part of the site. The existing hospital facilities do not comply with Building Code requirements related to fire and life safety. The proposed project would bring the hospital into compliance with State and Federal regulations. In addition, San Francisco ensures fire safety primarily through provisions of the Building Code and the Fire Code. Existing buildings are required to meet standards contained in these codes. The proposed project would conform to these standards which, depending on building type, may also include development of an emergency procedure manual and an exit drill plan. In this way, potential fire hazards (including those associated with hillside development, hydrant water pressure, and emergency access) would be mitigated during the permit review process. Therefore, this topic will not be evaluated in the EIR.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
13. <u>Cultural</u> . Could the project:			
a. Disrupt or adversely affect a prehistoric or historic archaeological site or a property of historic or cultural significance to a community or ethnic or social group; or a paleontological site except as a part of a scientific study?		X	X
b. Conflict with established recreational, educational, religious or scientific uses of the area?		X	
c. Conflict with the preservation of buildings subject to the provisions of Article 10 or Article 11 of the City Planning Code?			
	TO BE DETERMINED.		

Archaeological Resources

David Chavez & Associates completed an archival archaeological resources evaluation of the project vicinity for potential prehistoric or historic archaeological resources and to document the history of the area.²⁶ The results of this evaluation are summarized below.

No recorded prehistoric sites are located on the project site or within a one-mile radius of the site; the archaeological survey of exposed terrain on the site did not identify evidence of cultural deposits. Although portions of the project site are obscured by buildings, pavement, and dense vegetation, it is unlikely these existing features conceal evidence of prehistoric archaeological resources. (This conclusion is consistent with the record of sensitivity of archaeological resources in the San Francisco area; sensitivity tends to cluster around the bayshore and ocean front settings, and no known archaeological resources are located in the central part of San Francisco, particularly in the relatively steep terrain that characterizes the Laguna Honda area. This sensitivity is likely a result of site selection by prehistoric populations, who

²⁶ David Chavez & Associates, *Archaeological Resources Evaluations for the Laguna Honda Hospital's Institutional Master Plan, San Francisco, California*, January 1994. Available for review in the at the Planning Department, 1660 Mission Street, as part of case file 2000.005E.

preferred the low-lying terrain adjacent to creeks and baysides to the steep, windswept, and densely-vegetated hills that characterized central San Francisco.) Therefore, the construction-related excavation activities associated with the proposed project would not result in any impacts on known or suspected prehistoric archaeological resources. No additional archaeological investigations would be required prior to or during construction or alteration activities. However, in the event that unknown archaeological deposits could be discovered during construction excavation or alteration activities, the report recommends Mitigation Measure 3, identified on page 48, that is intended to reduce the potential impact to archaeological resources to a less-than-significant level.

No known or suspected historic cultural deposits or features dating from the Ethnohistoric and Spanish (1769-1822), Mexican (1822-1848) or Early American (1848-1860) Periods are located on the project site. The Almshouse and small hospital formerly located on the site were not constructed until 1867. In 1908, additional buildings were constructed in the southern portion of the site, including a pavilion-like building, four male and female wards, and other structures. Clarendon Hall was built in the northern portion of the property in 1909. By 1928, almost all of the then-existing structures were demolished and replaced with the Main Hospital building; expansion of the Main Hospital resulted in the removal of the remaining early twentieth-century structures. Within the central portion of the project site, approximately half of the early twentieth-century structures currently remain in the same location or have been reconstructed; historic structures that were demolished and never replaced include a male ward, library, engineer's dwelling, superintendent's house, nurses' home, and industrial building. The central part of the project site could contain historic archaeological features and artifacts associated with the early twentieth-century history of the Laguna Honda Hospital. Therefore, construction activities that would occur in the central portion of the site between Clarendon Hall and the Main Hospital building (i.e., the new hospital) could result in the discovery and potential disturbance of remnants from these historic structures. Implementation of the mitigation measures identified for the prehistoric archaeological resources, identified on page 48, would also reduce the potential impact to historic archaeological resources to a less-than-significant level.

Given the above reasons, archaeological resources will not be analyzed in the EIR.

Historic Buildings

According to a 1993 Federal Emergency Management Agency (FEMA) survey, the project site is eligible for listing on the National Register as a historic district under Criterion A (for its contribution to a broad pattern of events in history, i.e., the evolution of public health care in San Francisco). Of the individual structures on the site, the Main Hospital was found to also be eligible for listing under Criterion C (architectural significance); Clarendon Hall was found to be individually eligible for listing on the National Register; and the laundry building, bridge building, boiler house, greenhouse, and garage were found to be potential contributors to the historic district. The project site does not contain any buildings

or areas designated as landmarks or districts of architectural, historical, or aesthetic importance under Articles 10 or 11 of the San Francisco Planning Code.

Architectural Resources Group (ARG) conducted a historical and architectural evaluation for the Laguna Honda Hospital project site.²⁷ ARG noted that the project site is historically significant under Criterion A for its record of the history of San Francisco's public health and elderly care services. ARG also noted that the site is architecturally significant under Criterion C, particularly for the Classical Revival style of Clarendon Hall and the Mission Revival style of the Main Hospital building, designed by prominent Bay Area architects Newton Tharp and John Ried, Jr., respectively. For the above reasons, ARG confirmed the 1993 FEMA determination regarding the presence of a National Register-eligible historic district on the project site.

The proposed project would involve the demolition of several existing structures, including Wings C, D, E, F, G, K, L, M, and O of the Main Hospital Building and Clarendon Hall. Given that these structures are located in an area that is eligible for listing on the National Register as a historic district, the project would result in a significant impact with respect to historical resources. Therefore, this topic will be analyzed in the EIR.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
C. OTHER			
Require approval and/or permits from City departments other than Department of City Planning or Department of Building Inspection, or from Regional, State or Federal Agencies?	X		X

The Office of Statewide Health Planning and Development (OSHDP) is responsible for overseeing all aspects of general acute care hospital, psychiatric hospital, and multi-story skilled nursing home and intermediate care facility construction in California. The Facilities Development Division of OSHDP would review the proposed project construction drawings and specifications for code compliance and would issue a building permit upon plan approval.

Other permits and/or approvals for the proposed project may be required; these permits and approvals will be discussed in the EIR.

²⁷ Architectural Resources Group, Laguna Honda Hospital Draft Historic Background Report, May 1, 2000. Available for review at the Planning Department, 1660 Mission Street, as part of case file 2000.005E.

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Discussed</u>
D. MITIGATION MEASURES				
1. Could the project have significant effects if mitigation measures are not included in the project?	X			X
2. Are all mitigation measures necessary to eliminate significant effects included in the project?	X			X

Air Quality

1. In accordance with the BAAQMD CEQA Guidelines, the project sponsor would require the contractor(s) to spray the site with water during demolition, excavation, and construction activities; spray unpaved construction areas with water at least twice per day; cover stockpiles of soil, sand, and other material; cover trucks hauling debris, soils, sand, or other such material; and sweep surrounding streets during demolition, excavation, and construction at least once per day to reduce particulate emissions. Ordinance 175-91, passed by the Board of Supervisors on May 6, 1991, requires that non-potable water be used for dust control activities. Therefore, the project sponsor would require that the contractor(s) obtain reclaimed water from the San Francisco Public Utilities Commission Clean Water Program for this purpose. The project sponsors would require the project contractor(s) to maintain and operate construction equipment so as to minimize exhaust emissions of particulates and other pollutants, by such means as a prohibition on idling motors when equipment is not in use or when trucks are waiting in queues, and implementation of specific maintenance programs to reduce emissions for equipment that would be in frequent use for much of the construction period.

Potential Soil and Groundwater Contamination

2. The project sponsor would sample the suspected areas of contamination prior to construction activities. If the sampling indicates that hazardous materials are present, the area would be remediated pursuant to the standards, regulations, and determinations of local, State, and federal regulatory agencies. The hazardous substances would be removed and disposed of at an approved site, or other appropriate actions would be taken. If the sampling determines that existing soil and groundwater conditions would pose significant human health or safety hazards, a Site Safety and Health Plan would be prepared pursuant to California Division of Occupational Safety and Health (Cal-OSHA) requirements and National Institute for Occupational Safety and Health guidance to ensure worker safety. Under Cal-OSHA requirements, the Site Safety and Health Plan would need to be prepared prior to initiating any earth-moving activities at the site. The plan would contain policies and procedures to protect site workers from potential health and safety impacts related to contaminated soil and groundwater. The plan would apply to all site activities through the completion of earthwork construction. It would include specific training requirements and personal protection equipment for on-site workers.

Cultural Resources

3. The project sponsor would retain the services of an archaeologist to inspect the exposed terrain following the demolition of existing structures; further assessment of the potential for historic cultural deposits and features can be made at that time. The archaeologist would be notified a minimum of five days in advance of any demolition or excavation activity in the area.

If evidence of prehistoric or historic archaeological resources of potential significance were found during any construction excavation or land alteration activities, the archeologist would immediately notify the Environmental Review Officer, and a professional archaeologist would be consulted. The project sponsor would halt any activities that the archaeologist and the Environmental Review Officer jointly determine could cause damage to such cultural resources.

After notifying the Environmental Review Officer, the archaeologist would prepare a written report to be submitted first and directly to the Environmental Review Officer, with a copy to the project sponsor, which would contain an assessment of the potential significance of the find and recommendations for what measure should be implemented to minimize potential effects on prehistoric and historic archaeological resources. Based on this report, the Environmental Review Officer would recommend specific additional measures to be implemented by the project sponsor. These additional measures could include a site security program, additional on-site investigations by the archaeologist, or documentation, preservation, and recovery of cultural material.

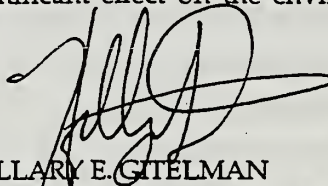
Finally, the archaeologist would prepare a report documenting the cultural resources that were discovered, an evaluation as to their significance, and a description as to how any further archaeological testing, exploration, or recovery program is to be conducted.

Copies of all draft reports prepared according to this mitigation measure would be sent first and directly to the Environmental Review Officer for review. Following approval by the Environmental Review Officer, copies of the final reports would be sent by the archaeologist directly to the President of the Landmarks Preservation Advisory Board and the California Archaeological Site Survey Northwest Information Center. Three copies of the final archaeology reports would be submitted to the Environmental Review Officer, accompanied by copies of the transmittals documenting its distribution.

	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
E. MANDATORY FINDINGS OF SIGNIFICANCE			
1. Does the project have the potential to degrade the quality of the environment, substantially reduce the habitat of a fish or wildlife species, cause a fish or wildlife population to drop below self-sustaining levels, threaten to eliminate a plant or animal community, reduce the number or restrict the range of a rare or endangered plant or animal, or eliminate the range of a rare or endangered plant or animal, or eliminate important examples of the major periods of California history or pre-history?		X	X
2. Does the project have the potential to achieve short-term, to the disadvantage of long-term, environmental goals?		X	X
3. Does the project have possible environmental effects which are individually limited, but cumulatively considerable? (Analyze in the light of past projects, other current projects, and probably future projects.)	TO BE DETERMINED.		
4. Would the project cause substantial adverse effects on human beings, either directly or indirectly?	TO BE DETERMINED.		

F. ON THE BASIS OF THIS INITIAL STUDY

- I find the proposed project COULD NOT have a significant effect on the environment, and a NEGATIVE DECLARATION will be prepared by the Department of City Planning.
- I find that although the proposed project could have a significant effect on the environment, there WILL NOT be a significant effect in this case because the mitigation measures listed in Section 4.0 of the discussion have been included as part of the proposed project. A NEGATIVE DECLARATION will be prepared.
- X I find that the proposed project MAY have a significant effect on the environment, and an ENVIRONMENTAL IMPACT REPORT is required.


 HILLARY E. GITEMAN
 Environmental Review Officer
 for
 Gerald G. Green
 Director of Planning

Date: 2/3/01

APPENDIX A
Air Quality Calculations

BAAQMD AIR QUALITY MODEL

Project Name: Laguna Honda Hospital

Analysis Year: 2010
 EMFAC7 Model: EMFAC7F1.1
 Project Location: San Francisco
 Trip Length: 6.3
 Trip Speed: 25

Land Use	New Trips	Trips Per	ADT Rates	ADT	Vehicle Miles	Emissions in Pounds Per Day ^{1,2,3}				
						CO ⁴	ROG ^{4,5}	NO _x ⁴	SO _x	PM ₁₀ ⁶
Hospital	541	N/A	1.00	541	3,408	33.6	2.7	5.3	0.2	6.2
Assisted Living	135	N/A	1.00	135	851	8.4	0.7	1.3	0.1	1.5
TOTALS				676	4,259	42.0	3.3	6.7	0.3	7.7
THRESHOLDS						NT	80.0	80.0	NT	80.0
EXCEEDS THRESHOLD?						NO	NO	NO	NO	NO

Notes:

¹ Fleet mix as per CARB's BURDENF Final.

² Inspection and Maintenance Program effectiveness included.

³ Ambient temperature assumed: 55 F (winter) for CO; and 75 F (summer) for ROG, NO_x, SO_x, and PM₁₀.

⁴ Emissions include cold and hot start emissions consistent with Bay Area driving conditions.

⁵ ROG emissions include evaporative running loss emissions and hot soak emissions.

⁶ PM₁₀ emissions include exhaust, tirewear, and entrained road dust.

NT: No Threshold.

BAY AREA AQMD SIMPLIFIED CALINE4 ANALYSIS

Project Title: Laguna Honda Hospital Initial Study
Intersection: Woodside/O'Shaughnessy/Portola
Analysis Condition: Cumulative
Nearest Air Monitoring Station measuring CO: San Francisco
Background 1-hour CO Concentration (ppm): 2.4
Background 8-hour CO Concentration (ppm): 2.0
Persistence Factor: 0.8
Analysis Year: 2010

		Roadway Type	No. of Lanes	Average Cruise Speed	
				A.M.	P.M.
North-South Roadway:	O'Shaughnessy	At Grade	4	10	10
East-West Roadway:	Woodside/Portola	At Grade	4	10	10

EMFAC7G COMPOSITE EMISSION FACTORS FOR CO

Year	Average Speed (miles per hour)									
	10	15	20	25	30	35	40	45	50	55
1998	24.84	16.74	12.71	10.30	8.67	7.50	6.65	6.07	5.78	5.88
1999	22.93	15.46	11.73	9.50	8.00	6.93	6.14	5.61	5.35	5.46
2000	21.02	14.17	10.75	8.70	7.33	6.35	5.63	5.15	4.92	5.03
2001	19.63	13.24	10.04	8.13	6.85	5.93	5.27	4.82	4.62	4.73
2002	18.24	12.31	9.33	7.55	6.36	5.52	4.90	4.50	4.32	4.43
2003	16.86	11.37	8.63	6.98	5.88	5.10	4.54	4.17	4.01	4.14
2004	15.47	10.44	7.92	6.40	5.39	4.69	4.17	3.85	3.71	3.84
2005	14.08	9.51	7.21	5.83	4.91	4.27	3.81	3.52	3.41	3.54
2010	10.78	7.30	5.52	4.46	3.77	3.28	2.95	2.75	2.69	2.83

PEAK HOUR TURNING VOLUMES

A.M. Peak				P.M. Peak			
N	0	0	0	N	65	630	397
W	<	v	>	W	<	v	>
0 ^			0	124 ^			576
0 >			0	1,238 >			1,426
0 v			0	120 v			211
S	0	0	0	S	113	533	174

Representative Traffic Volumes (Vehicles per Hour)

N-S Road	0	N-S Road	2,325
E-W Road	0	E-W Road	4,022

ROADWAY CO CONTRIBUTIONS

Roadway	Reference CO Concentrations			Traffic Volume	Emission Factor				
	50 Feet	100 Feet	300 Feet						
A.M. Peak Hour									
N-S Road	5.4	3.8	1.6	*	0	*	10.78	+	100,000
E-W Road	2.2	1.7	1.1	*	0	*	10.78	+	100,000
P.M. Peak Hour									
N-S Road	2.2	1.7	1.1	*	2,325	*	10.78	+	100,000
E-W Road	5.4	3.8	1.6	*	4,022	*	10.78	+	100,000

TOTAL CO CONCENTRATIONS (ppm)

	A.M. Peak Hour	P.M. Peak Hour	8-Hour
50 Feet from Roadway Edge	2.4	5.3	4.3
100 Feet from Roadway Edge	2.4	4.5	3.7
300 Feet from Roadway Edge	2.4	3.4	2.8

FOREST HILL ASSOCIATION

381 Magellan Avenue
San Francisco, CA 94116
(415) 664-0542

February 23, 2001

Hillary Gitelman
Environmental Review Officer
San Francisco Planning Department
1660 Mission Street, Suite 500
San Francisco, CA 94103

RECEIVED
FEB 28 2001
PLANNING DEPT

The Forest Hill Association, a residential homeowners association of some 670 single family residences adjacent to Laguna Honda Hospital at its western border, submits the following comments on the scope of the EIR for the Laguna Honda Hospital Replacement Project (2000.005E).

As an adjacent residential district, the Forest Hill Association is essentially concerned with the external environmental and traffic effects of the Replacement Project, both during the prolonged anticipated demolition and construction and upon completion.

1. Demolition and Construction Phase.

It is expected that the Replacement Project will not be completed until "Winter 2009." (*Laguna Honda Hospital Replacement Initial Study, February 2, 2001*; p.11.) "On-site and off-site noise level increases due to construction and demolition activities would be temporary and intermittent and would occur at different times through the phases of project construction." (*Id.*, p. 21.) The EIR should thoroughly consider the noise impacts, traffic impacts, and impacts on air quality during this phase which may endure for seven or more years.

Since existing trees and other vegetation are important environmental assets of the project site, the EIR should consider to what extent the demolition and construction activities will degrade or impact these assets, or will impact the adjoining open spaces.

The EIR should develop appropriate mitigation measures with respect to the foregoing such as are discussed at page 47 of the *Initial Study*.

2. The Replacement Project.

Building Heights

Pages 13 and 16 of the *Initial Study* indicate that the building heights of the planned replacement and additional structures have not as yet been determined. The EIR should consider compatibility of the project with existing zoning laws and policies as well as the impacts on visual quality as noted on page 16 of the *Initial Study*.

Traffic

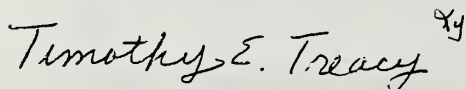
The EIR should consider the impacts of increased traffic at Laguna Honda and Dewey Boulevards intersection which is also the entrance and exit to Laguna Honda Hospital. Consideration should be given to adding egress and ingress to Laguna Honda Hospital

where it abuts the San Francisco Youth Guidance Center. Since the latter is subject to a planned reconstruction itself prior to 2004, joint road access to both the Hospital and the Juvenile Hall should be a priority.

Open Space and Trees

The EIR should consider the impact of the Replacement Project on the existing open space areas and existing trees. At page 13 of the *Initial Study*, it appears that existing open space areas may be impacted by the Replacement Project. The extent of this adjustment should be determined. At page 17 of the *Initial Study*, it is stated: "The proposed project would result in the removal of existing trees from the site." The precise extent of this tree removal (as well as other vegetation) should be ascertained and mitigation in the form of replacement plantings considered. Protection of open space is a priority policy in San Francisco. (See page 14 of the *Initial Study*.) This should be a priority of the EIR and Replacement Project as well.

Respectfully submitted,

 ^{xy}

Timothy E. Treacy
President, Forest Hill Association



Department of Toxic Substances Control



Edwin F. Lowry, Director
700 Heinz Avenue, Suite 200
Berkeley, California 94710-2721

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MAR 02 2001

PLANNING DEPT

Gray Davis
Governor

Winston H. Hickox
Agency Secretary
California Environmental
Protection Agency

February 28, 2001

Ms. Lisa Gibson
San Francisco Planning Department
1660 Mission Street, Suite 500
San Francisco, California 94103

Dear Ms. Gibson:

Thank you for the opportunity to comment on the Notice of Preparation (NOP) for Laguna Honda Hospital Replacement Project draft Environmental Impact Report (EIR) (SCH# 2001022015). As you may be aware, the California Department of Toxic Substances Control (DTSC) oversees the cleanup of sites where hazardous substances have been released pursuant to the California Health and Safety Code, Division 20, Chapter 6.8. As a Resource Agency, DTSC is submitting comments to ensure that the environmental documentation prepared for this project to address the California Environmental Quality Act (CEQA) adequately addresses any required remediation activities which may be required to address any hazardous substances release.

The proposed project is located on Laguna Honda Boulevard, on the western slopes of Twin Peaks in central San Francisco. It would involve the demolition of most of the existing hospital facilities, retention and renovation of a portion of the existing Main Hospital, construction of a new hospital, construction of an assisted living facility, expansion of the existing outpatient programs and modifications to site access and circulation.

The NOP states that asbestos-containing materials and lead-based paint may be found within the existing structures proposed to be demolished. Hazardous materials stored on the project site include floor cleaners, paints, flammable materials and gasoline. Hazardous waste generated throughout the project site from various medical processes are also stored in the site up to 90 days prior to disposal. Pesticides are also used and stored at the site. We recommend that sampling be conducted where hazardous substances may have been released. This includes, but is not limited to areas around the buildings to be demolished for lead contamination, in areas where pesticides are stored, and in the hazardous waste storage area for any spills or releases. The data collected should be used to determine whether these are issues which will need to be addressed in the EIR.

The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our Web-site at www.dtsc.ca.gov.

Ms. Lisa Gibson
February 28, 2001
Page 2

The Initial Study states that site records indicate the former presence of three incinerators in the main building, near the power plant and northeast of the Clarendon Hall parking lot. The Initial Study states that the incinerators have no significant impact and will not be analyzed in the EIR. We disagree and recommend that the potential impacts of these incinerators be analyzed in the EIR. City generator requirements do not address the potential for soil contamination related to the closure of the incinerators. If the incinerators were closed under City oversight, the EIR should describe the process followed and results of any sampling.

There are contradictory statements regarding the groundwater contamination. Page 37 of the Initial Study under Groundwater Resources states that according to the Phase 1 Environmental Site Assessment Report, there is no evidence of contamination of the groundwater underlying the site. Page 43 of the Initial Study, under Soil and Groundwater Contamination, states that the Phase 1 Report identified suspected areas of soil and groundwater contamination due to the presence of storage tanks on the site. We recommend that sampling be conducted to determine whether this is an issue which will need to be addressed in the EIR.

The Initial Study states that to reduce the potential impacts associated with soil and groundwater contamination, Mitigation Measure 2 will be implemented and the EIR will not address this topic. We disagree and recommend that the impact of soil and groundwater contamination and any associated cleanup activities be discussed in the EIR.

The mitigation measure does not mention what criteria will be used for the cleanup if the sampling indicates that hazardous materials are present. It also states that the Site Safety and Health Plan will be prepared to ensure site worker safety. The Health and Safety Plan will need to address potential health and safety impacts to the neighboring community as well.

If hazardous substances have been released, they will need to be addressed as part of this project. For example, if the remediation activities include the need for soil excavation, the CEQA document should include: (1) an assessment of air impacts and health impacts associated with the excavation activities; (2) identification of any applicable local standards which may be exceeded by the excavation activities, including dust levels and noise; (3) transportation impacts from the removal or remedial activities; and (4) risk of upset should be there an accident at the Site

DTSC can assist your agency in overseeing characterization and cleanup activities through our Voluntary Cleanup Program. A fact sheet describing this program is enclosed. We are aware that projects such as this one are typically on a compressed

Ms. Lisa Gibson
February 28, 2001
Page 3

schedule, and in an effort to use the available review time efficiently, we request that DTSC be included in any meetings where issues relevant to our statutory authority are discussed.

In the near future, DTSC will be administering the \$85 million Urban Cleanup Loan Program, which will provide low-interest loans to investigate and cleanup hazardous materials at properties where redevelopment is likely to have a beneficial impact to a community. The program is composed of two main components: low interest loans of up to \$100,000 to conduct preliminary endangerment assessments of underutilized properties; and loans of up to \$2.5 million for the cleanup or removal of hazardous materials also at underutilized urban properties. These loans are available to developers, businesses, schools, and local governments. A fact sheet regarding this program is enclosed for your information.

Please contact Jayantha Randeni of my staff at (510) 540-3806, if you have any questions or would like to schedule a meeting. Thank you in advance for your cooperation in this matter.

Sincerely,



Barbara J. Cook, P.E., Chief
Northern California - Coastal Cleanup
Operations Branch

Enclosures

cc: without enclosures

Governor's Office of Planning and Research
State Clearinghouse
P.O.Box 3044
Sacramento, California 95812-3044

Guenther Moskat
CEQA Tracking Center
Department of Toxic Substances Control
P.O. Box 806
Sacramento, California 95812-0806

FACT SHEET

SEPTEMBER 2000

Urban Cleanup Loan Program



Overview

California is on the leading edge when it comes to programs and policies to stimulate the redevelopment of Brownfields – abandoned, idled or under-used properties where expansion or redevelopment is complicated by real or perceived environmental contamination. Frequently, these properties, once the source of jobs and economic benefits to the entire community, lie abandoned for fear of the contamination and the liability it implies.

The \$85 million Urban Cleanup Loan Program – which is currently under development by the Department of Toxic Substances Control – will provide new financial assistance tools to help developers, businesses, schools and local governments accelerate the pace of cleanup and redevelopment at these sites.

There will be two main components:

Investigating Site Contamination Program

- Provides low-interest loans of up to \$100,000 to conduct preliminary endangerment assessments of underutilized urban properties.
- Loan repayment over a period of two years, if loan recipient buys the property.
- If property is determined not to be economically feasible to purchase, up to 75 percent of the loan amount can be waived by the State.

Cleanup Loans and Environmental Assistance (CLEAN) Program

- Provides low-interest loans of up to \$2.5 million for the cleanup or removal of hazardous materials at properties where redevelopment is likely to have a beneficial impact on the property values, economic viability and quality of life of a community.

Restoring contaminated property can help bring life and strength to a community. Making a once toxic area viable again means more jobs, an enhanced tax base and a sense of optimism about the future. Together, the programs that make up California's Urban Cleanup Loan Program will make it easier for such sites to be redeveloped and become vital, functioning parts of their communities.

For more information, call (916) 324-0706.



California

Department of Toxic Substances Control

Urban Cleanup Loan Program



Department of Toxic Substances Control

Urban Cleanup Loan Program

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Urban Cleanup Loan Program

Department of Toxic Substances Control

Urban Cleanup Loan Program



DEPARTMENT OF TOXIC SUBSTANCES CONTROL

The Voluntary Cleanup Program

In 1993, the California Environmental Protection Agency's Department of Toxic Substances Control (DTSC) introduced this streamlined program to protect human health and the environment, ensure investigation and cleanup is conducted in an environmentally sound manner and facilitate the reuse and redevelopment of these same properties. Using this program, corporations, real estate developers, other private parties, and local and state agencies entering into Voluntary Cleanup Program agreements will be able to restore properties quickly and efficiently, rather than having their projects compete for DTSC's limited resources with other lower-priority hazardous waste sites. This fact sheet describes how the Voluntary Cleanup Program works.

Prior to initiation of the Voluntary Cleanup Program, project proponents had few options for DTSC involvement in cleaning up low-priority sites. DTSC's statutory mandate is to identify, prioritize, investigate and cleanup sites where releases of hazardous substances have occurred. For years, the mandate meant that, if the site presented grave threat to public health or the environment, then it was listed on the State Superfund list and the parties responsible conducted the cleanup under an enforcement order, or DTSC used state funds to do so. Because of staff resource limitations, DTSC was unable to provide oversight at sites which posed lesser risk or had lower priority.

DTSC long ago recognized that no one's interests are served by leaving sites contaminated and unusable. The Voluntary Cleanup Program allows motivated parties who are able to fund the cleanup – and DTSC's oversight – to move ahead at their own speed to investigate and remediate their sites. DTSC has found that working cooperatively with willing and able project proponents is a more efficient and cost-effective approach to site investigation and cleanup. There are four steps to this process:

- ✓ Eligibility and Application
- ✓ Negotiating the Agreement
- ✓ Site Activities
- ✓ Certification and Property Restoration

The rest of this fact sheet describes those steps and gives DTSC contacts.

The Voluntary Cleanup Program

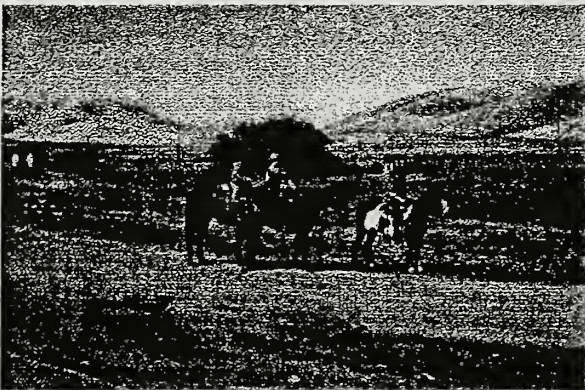
Step 1: Eligibility and Application

Most sites are eligible. The main exclusions are if the site is listed as a Federal or State Superfund site, is a military facility, or if it falls outside of DTSC's jurisdiction, as in the case where a site contains only leaking underground fuel tanks. Another possible limitation is if another agency currently has oversight, e.g. a county (for underground storage tanks). The current oversight agency must consent to transfer the cleanup responsibilities to DTSC before the proponent can enter into a Voluntary Cleanup Program agreement. Additionally, DTSC can enter into an agreement to work on a specified element of a cleanup (risk assessment or public participation, for example), if the primary oversight agency gives its consent. The standard application is attached to this fact sheet.



Jack London Square Theater, Oakland:
Under the Voluntary Cleanup Program, a nine-screen theater was built atop a former Pacific Gas & Electric town gas site, creating a regional entertainment hub.

If neither of these exclusions apply, the proponent submits an application to DTSC, providing details about site conditions, proposed land use and potential community concerns. No fee is required to apply for the Voluntary Cleanup Program.



Romero Ranch, Santa Nella: A Voluntary Cleanup Agreement enabled the Nature Conservancy to use the land to preserve natural habitat and promote wildlife development rights.

Step 2: Negotiating the Agreement

Once DTSC accepts the application, the proponent meets with experienced DTSC professionals to negotiate the agreement. The agreement can range from services for an initial site assessment, to oversight and certification of a full site cleanup, based on the proponent's financial and scheduling objectives.

The Voluntary Cleanup Program agreement specifies the estimated DTSC costs, project scheduling, and DTSC services provided. Because every project must meet the same legal and technical cleanup requirements as State Superfund sites, and because DTSC staff provide oversight, the proponent is assured that the project will be completed in an environmentally sound manner.



VOLUNTARY CLEANUP PROGRAM APPLICATION

The purpose of this application is to obtain information necessary to determine the eligibility of the site for acceptance into the Voluntary Cleanup Program. Please use additional pages, as necessary, to complete your responses.

SECTION 1 PROPONENT INFORMATION

Proponent Name	
Principal Contact Name	Phone ()
Address	
Proponent's relationship to site	
Brief statement of why the proponent is interested in DTSC services related to site	

SECTION 2 SITE INFORMATION

Is this site listed on Calsites? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, provide specific name and number as listed			
Name of Site			
Address	City	County	ZIP
(Please attach a copy of an appropriate map page)			

Current Owner

Name _____

Address _____

Phone () _____

Background: Previous Business Operations

Name _____

Type _____

Years of Operation _____

If known, list all previous businesses operating on this property

What hazardous substances/wastes have been associated with the site?

What environmental media is/was/may be contaminated?

☐ Soil☐ Air☐ Groundwater☐ Surface water

Has sampling or other investigation been conducted?

☐ Yes☐ No

Specify

If Yes, what hazardous substances have been detected and what were their maximum concentrations?

SECTION 2 SITE INFORMATION (continued)

Are any Federal, State or Local regulatory agencies currently involved with the site? ☐ Yes ☐ No
 If Yes, state the involvement, and give contact names and telephone numbers

Agency	Involvement	Contact Name	Phone

What is the future proposed use of the site?

What oversight service is being requested of the Department?

- ☐ PEA ☐ RI/FS ☐ Removal Action ☐ Remedial Action ☐ RAP ☐ Certification
☐ Other (describe the proposed project)

Is there currently a potential of exposure of the community or workers to hazardous substances at the site?

- ☐ Yes ☐ No If Yes, explain

SECTION 3 COMMUNITY PROFILE INFORMATION

Describe the site property (include approximate size)

Describe the surrounding land use (including proximity to residential housing, schools, churches, etc.)

Describe the visibility of activities on the site to neighbors

SECTION 3 COMMUNITY PROFILE INFORMATION (continued)

What are the demographics of the community (e.g., socioeconomic level, ethnic composition, specific language considerations, etc.)?

Local Interest

Has there been any media coverage?

Past Public Involvement

Has there been any past public interest in the site as reflected by community meetings, ad hoc committees, workshops, fact sheets, newsletters, etc.?

Key Issues and Concerns

Have any specific concerns/issues been raised by the community regarding past operations or present activities at the site?

Are there any concerns/issues anticipated regarding site activities?

Are there any general environmental concerns/issues in the community relative to neighboring sites?

Key Contacts

Please attach a list of key contacts for this site, including: city manager; city planning department; county environmental health department, local elected officials; and any other community members interested in the site. (Please include addresses and phone numbers.)

SECTION 4 CERTIFICATION

The signatories below are authorized representatives of the Project Proponent and certify that the preceding information is true to the best of their knowledge.

Proponent Representative

Date

Title

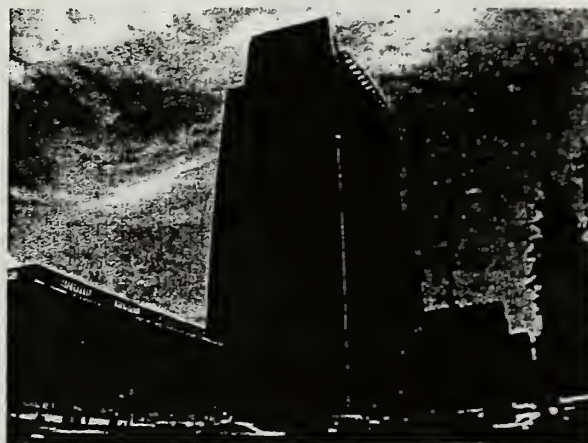
In the agreement, DTSC retains its authority to take enforcement action, if, during the investigation or cleanup, it determines that the site presents a serious health threat, and proper and timely action is not otherwise being taken. The agreement also allows the project proponent to terminate the Voluntary Cleanup Program agreement with 30 days written notice if they are not satisfied that it is meeting their needs.

Step 3: Site Activities

Prior to beginning any work, the proponent must have: signed the Voluntary Cleanup Program agreement; made the advance payment; and committed to paying all project costs, including those associated with DTSC's oversight. The project manager will track the project to make sure that DTSC is on schedule and within budget. DTSC will bill its costs quarterly so that large, unexpected balances should not occur.

Once the proponent and DTSC have entered into a Voluntary Cleanup Program agreement, initial site assessment, site investigation or cleanup activities may begin. The proponent will find that DTSC's staff includes experts in every vital area. The assigned project manager is either a highly qualified Hazardous Substances Scientist or Hazardous Substances Engineer. That project manager has the support of well-trained DTSC toxicologists, geologists, engineers, industrial hygienists, specialists in public participation, and other technical experts.

The project manager may call on any of these specialists to join the team, providing guidance, review, comment and, as necessary, approval of individual documents and other work products. That team will also coordinate with other agencies, as appropriate, and will offer assistance in complying with other laws as needed to complete the project.

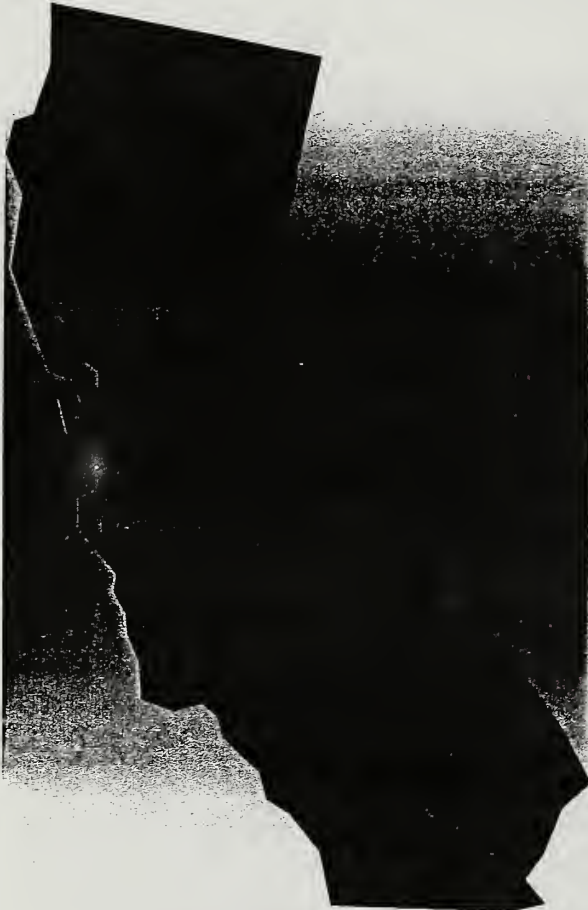


The new Federal Courthouse, Sacramento: The largest construction project in the city's history benefited from the Voluntary Cleanup Program when cleaning up a railyard site.

Step 4: Certification and Property Restoration

When remediation is complete, DTSC will issue either a site certification of completion or a "No Further Action" letter, depending on the project circumstances. Either means that what was, "The Site," is now property that is ready for redevelopment or other reuse.

To learn more about the Voluntary Cleanup Program, contact the DTSC representative in the Regional office nearest you:



DTSC office locations

North Coast California

Lynn Nakashima / Janet Naito
700 Heinz Avenue, Suite 200
Berkeley, California 94710-2737
(510) 540-3839 / (510) 540-3833

Central California

Megan Cambridge
10151 Croydon Way, Suite 3
Sacramento, California 95827
(916) 255-3727

**Central California –
Fresno Satellite**

Tom Kovac
1515 Tollhouse Road
Clovis, California 93612
(209) 297-3939

**Southern California
(Glendale and Cypress)**

Rick Jones
1011 Grandview Avenue
Glendale, California 91201
(818) 551-2862

Additional information on the Voluntary Cleanup Program and other DTSC Brownfields initiatives is available on DTSC's internet web page:

<http://www.dtsc.ca.gov>

CALIFORNIA
HISTORICAL
RESOURCES
INFORMATION
SYSTEM

ALAMEDA
COLUSA
CONTRA COSTA
LAKE

MARIN
MENDOCINO
MONTEREY
NAPA
SAN BENITO
SAN FRANCISCO

SAN MATEO
SANTA CLARA
SANTA CRUZ
SOLANO
SONOMA
YOLO

Northwest Information Center
Sonoma State University
1801 East Cotati Avenue
Rohnert Park, California 94928-3609
Tel: 707.664.2494 • Fax: 707.664.3947
E-mail: nwic@sonoma.edu

February 21, 2001

File No.: 01-SF-14E

Ms. Hillary E. Gitelman
Environmental Review Officer
Planning Department
City and County of San Francisco
1660 Mission Street, Suite 500
San Francisco, CA. 94103-2414

RECEIVED

FEB 23 2001

PLANNING DEPT

re: Notice of Preparation of a Draft Environment Impact Report; 2000.005E; Laguna Hospital Replacement Project

Dear Ms. Gitelman;

Records at this office were reviewed to determine if this project could adversely affect historical resources. The review for possible historic structures, however, was limited to references currently in our office. The Office of Historic Preservation has determined that any building or structure 45 years or older may be of historic value. Therefore, if the project area contains such properties they should be evaluated by an architectural historian prior to commencement of project activities. Please note that use of the term historical resources includes both archaeological sites and historic structures.

☐ The proposed project area contains or is adjacent to the archaeological site(s) (). A study is recommended prior to commencement of project activities.

☐ The proposed project area has the possibility of containing unrecorded archaeological site(s). A study is recommended prior to commencement of project activities.

☒ The proposed project area contains listed historic structures (copy of Office of Historic Preservation enclosed). Therefore, it is recommended that an architectural historian assess this project's potential impact to the above mentioned structures.

☒ Study # 16864 (1994: Chavez) identified one or more historical resources. It was recommended an archaeologist be retained to inspect exposed terrain following demolition of any existing structure in the central part of property. This office concurs with the above recommendation.

☐ Study # identified no historical resources. Further study for historical resources is not recommended.

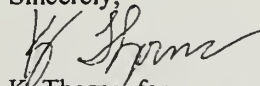
☒ The guidelines for implementation of the California Register of Historical Resources (Cal Register) criteria for evaluation of historical properties have been developed by the State Office of Historical Preservation. For the purposes of CEQA, all identified archaeological sites should be evaluated using the Cal Register criteria.

☒ Our review is based on scientific information. In addition, we recommend you contact the local tribe(s) regarding traditional, cultural, and religious values.

☐ Comments:

If archaeological resources are encountered during the project, work in the immediate vicinity of the finds should be halted until a qualified archaeologist has evaluated the situation. If you have any questions please give us a call (707) 664-2494.

Sincerely,

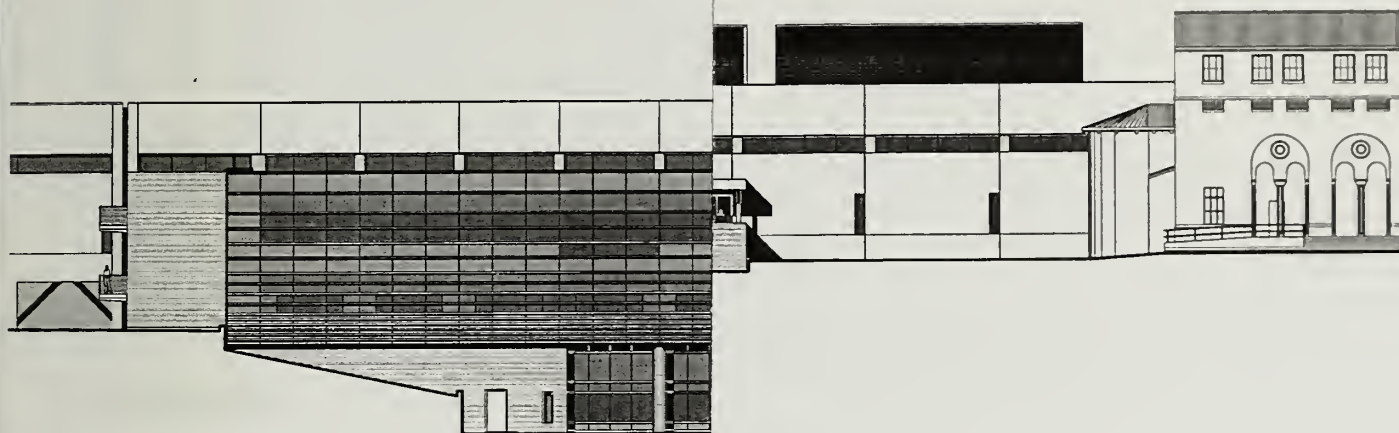


K. Thorne, for
Leigh Jordan
Coordinator

OFFICE OF HISTORIC PRESERVATION * * * Directory of Properties in the Historic Property Data File for SAN FRANCISCO County.										Page 60	02-08-01
PROPERTY-NUMBER	PRIMARY-#	STREET-ADDRESS	NAMES	CITY	OWN	YR-C	OHP-PROG..	PRG-REFERENCE-NUMBER	STAT-DAT	MRS	CR#
081371	375	LAGUNA HONDA BLVD	LAGUNA HONDA CLARENDON HALL	SAN FRANCISCO	U	1909	PROJ. REVJ.	FEMA920821A	01/26/93	202	A
081364	375	LAGUNA HONDA BLVD	LAGUNA HONDA SHOPS	SAN FRANCISCO	U	1957	PROJ. REVJ.	FEMA920821A	01/26/93	6Y2	
081369	375	LAGUNA HONDA BLVD	LAGUNA HONDA BRIDGE STRUCTURE	SAN FRANCISCO	U	1926	PROJ. REVJ.	FEMA920821A	01/26/93	202	A
081368	375	LAGUNA HONDA BLVD	LAGUNA HONDA BOILER HOUSE	SAN FRANCISCO	U	1926	PROJ. REVJ.	FEMA920821A	01/26/93	202	A
081363	375	LAGUNA HONDA BLVD	LAGUNA HONDA HOSPITAL AND REHAB CE	SAN FRANCISCO	U	1909	PROJ. REVJ.	FEMA920821A	01/26/93	232	A
006246	LAGUNA ST	FORT MASON, FM310/WAREHOUSE		SAN FRANCISCO	F	1912	HIST. SURV.	4101-0469-0047	01/01/72	1D	
006255	LAGUNA ST	PIERSHED-PIER 3		SAN FRANCISCO	F	1934	HIST. SURV.	4101-0469-0056	01/01/72	1D	
006254	LAGUNA ST			SAN FRANCISCO	F	1912	HIST. SURV.	4101-0469-0055	01/01/72	1D	
006249	LAGUNA ST	FM315/WAREHOUSE		SAN FRANCISCO	F	1912	HIST. SURV.	4101-0469-0050	01/01/72	1D	
006244	LAGUNA ST	GATE AND GUARD STATION		SAN FRANCISCO	F	0	HIST. SURV.	4101-0469-0045	01/01/72	1D	
006252	LAGUNA ST	PIER 2		SAN FRANCISCO	F	1912	HIST. SURV.	4101-0469-0053	01/01/72	1D	
006250	LAGUNA ST	PIER 1		SAN FRANCISCO	F	1912	HIST. SURV.	4101-0469-0051	01/01/72	1D	
006245	LAGUNA ST	MARINE REPAIR SHOP		SAN FRANCISCO	F	1934	HIST. SURV.	4101-0469-0046	01/01/72	1D	
006248	LAGUNA ST	FORT MASON, FM314/WAREHOUSE		SAN FRANCISCO	F	1912	HIST. SURV.	4101-0469-0049	01/01/72	1D	
006247	LAGUNA ST	FORT MASON, FM312/WAREHOUSE		SAN FRANCISCO	F	1912	HIST. SURV.	4101-0469-0048	01/01/72	1D	
006243	LAGUNA ST	EMBARCATION PT BLDG, PROVOST MARCH		SAN FRANCISCO	F	0	HIST. SURV.	4101-0469-0044	01/01/72	1D	
108761	LAGUNA ST	MARGARET HAYWARD PLAYGROUND BUILDI		SAN FRANCISCO	H	1922	HIST. RES.	DOE-38-97-0049-0000	06/11/97	6Y2	
115832	LAGUNA ST	PIERSHED - PIER 1		SAN FRANCISCO	P		PROJ. REVJ.	HUD970421E	06/11/97	6Y2	
110361	100	LAGUNA ST		SAN FRANCISCO	P		HIST. RES.	4101-0469-0052	01/01/72	1D	
110362	126	LAGUNA ST		SAN FRANCISCO	P		PROJ. REVJ.	DOE-38-96-0001-0243	07/01/96	202	C
110363	182	LAGUNA ST		SAN FRANCISCO	P		HIST. RES.	HUD951227A	07/01/96	202	C
				SAN FRANCISCO	P		PROJ. REVJ.	DOE-38-96-0001-0244	07/01/96	202	C
				SAN FRANCISCO	P		HIST. RES.	HUD951227A	07/01/96	202	C
				SAN FRANCISCO	P		PROJ. REVJ.	DOE-38-96-0001-0245	07/01/96	202	C
				SAN FRANCISCO	P		PROJ. REVJ.	HUD951227A	07/01/96	202	C
110365	202	LAGUNA ST		SAN FRANCISCO	P		HIST. RES.	DOE-38-96-0001-0246	07/01/96	202	C
110366	225	LAGUNA ST		SAN FRANCISCO	P		PROJ. REVJ.	HUD951227A	07/01/96	202	C
110367	251	LAGUNA ST		SAN FRANCISCO	P		HIST. RES.	DOE-38-96-0001-0147	07/01/96	202	C
110368	253	LAGUNA ST		SAN FRANCISCO	P		PROJ. REVJ.	HUD951227A	07/01/96	202	C
110369	350	LAGUNA ST		SAN FRANCISCO	P		HIST. RES.	DOE-38-96-0001-0248	07/01/96	202	C
				SAN FRANCISCO	P		PROJ. REVJ.	HUD951227A	07/01/96	202	C
				SAN FRANCISCO	P		HIST. RES.	DOE-38-96-0001-0249	07/01/96	202	C
				SAN FRANCISCO	P	1926	PROJ. REVJ.	HUD951227A	07/01/96	202	C
				SAN FRANCISCO	P		HIST. RES.	DOE-38-96-0001-0250	07/01/96	202	C
				SAN FRANCISCO	P		PROJ. REVJ.	HUD951227A	07/01/96	202	C
110370	355	LAGUNA ST		SAN FRANCISCO	P	1925	HIST. RES.	DOE-38-96-0001-0251	07/01/96	202	C
110372	409	LAGUNA ST		SAN FRANCISCO	P	1904	PROJ. REVJ.	HUD951227A	07/01/96	202	C
110373	415	LAGUNA ST		SAN FRANCISCO	P	1872	HIST. RES.	DOE-38-96-0001-0252	07/01/96	202	C
110376	421	LAGUNA ST		SAN FRANCISCO	P	1900	PROJ. REVJ.	HUD951227A	07/01/96	202	C
				SAN FRANCISCO	P		HIST. RES.	DOE-38-96-0001-0254	07/01/96	202	C
				SAN FRANCISCO	P		PROJ. REVJ.	HUD951227A	07/01/96	202	C
110830	500	LAGUNA ST		SAN FRANCISCO			HIST. RES.	DOE-38-97-0001-0006	05/13/97	202	C
110881	501	LAGUNA ST		SAN FRANCISCO	P	1890	PROJ. REVJ.	FHWA970410A	05/13/97	202	C
108759	1201	LAGUNA ST	WILLIAM VAN HERRICK APARTMENTS	SAN FRANCISCO	P	1928	PROJ. REVJ.	DOE-38-97-0001-0050	05/13/97	6Y2	
108755	1223	LAGUNA ST	GIOVANNI B. DE FERRARI DUPLEX	SAN FRANCISCO	P	1878	HIST. RES.	FHWA970410A	05/13/97	6Y2	
006912	1450	LAGUNA ST	JAPANESE SALVATION ARMY BLDG	SAN FRANCISCO	P	1937	PROJ. REVJ.	DOE-38-97-0048-0000	06/11/97	6Y2	
103079	25	LAKE ST	ARTS AND CRAFT NOTICE BOARD	SAN FRANCISCO	P	1905	HIST. SURV.	HUD970421E	06/11/97	6Y2	
				SAN FRANCISCO	P		HIST. RES.	4101-0627-0000	01/22/96	1D	C
				SAN FRANCISCO	P		HIST. RES.	NPS-96001555-0003			



Proposed Hospital Building Elevations

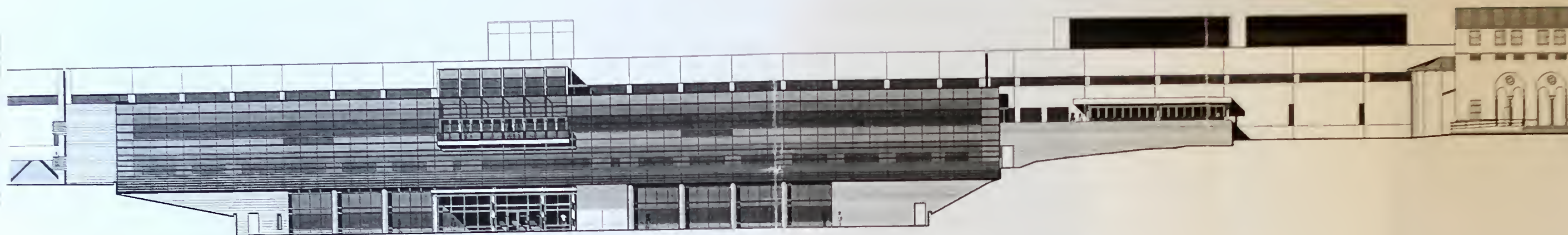


East Elevation



West Elevation

LINK BUILDING ELEVATIONS



East Elevation



West Elevation

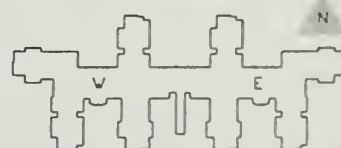
LINK BUILDING ELEVATIONS



North Elevation



South Elevation



EAST AND WEST CLARENDON ELEVATIONS

Laguna Honda Hospital Replacement
San Francisco, California

ANSHEN + ALLEN Architects
GORDON H CHONG & Partners
May 31, 2002



North Elevation



South Elevation



EAST AND WEST CLARENDON ELEVATIONS

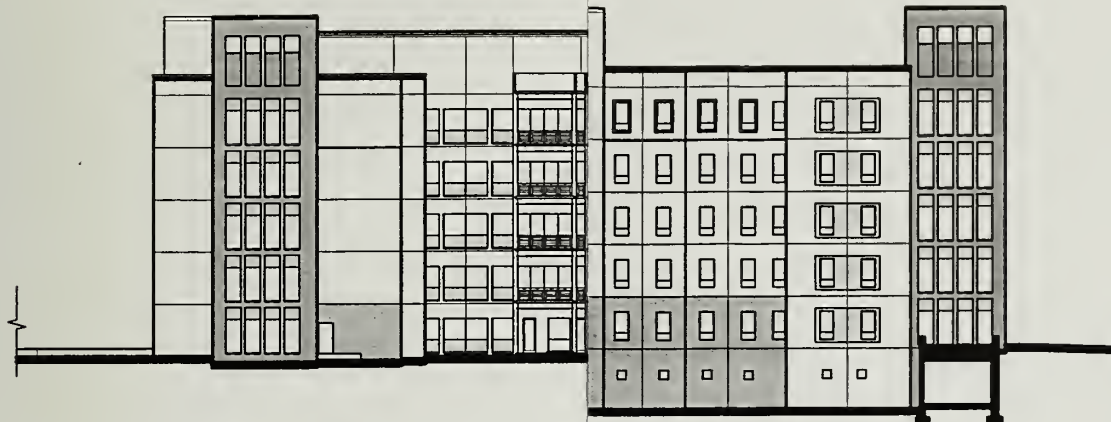
Laguna Honda Hospital Replacement Program

San Francisco, California

ANSHEN + ALLEN Architects

GORDON H CHONG & Partners

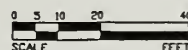
May 31, 2002



South Elevation

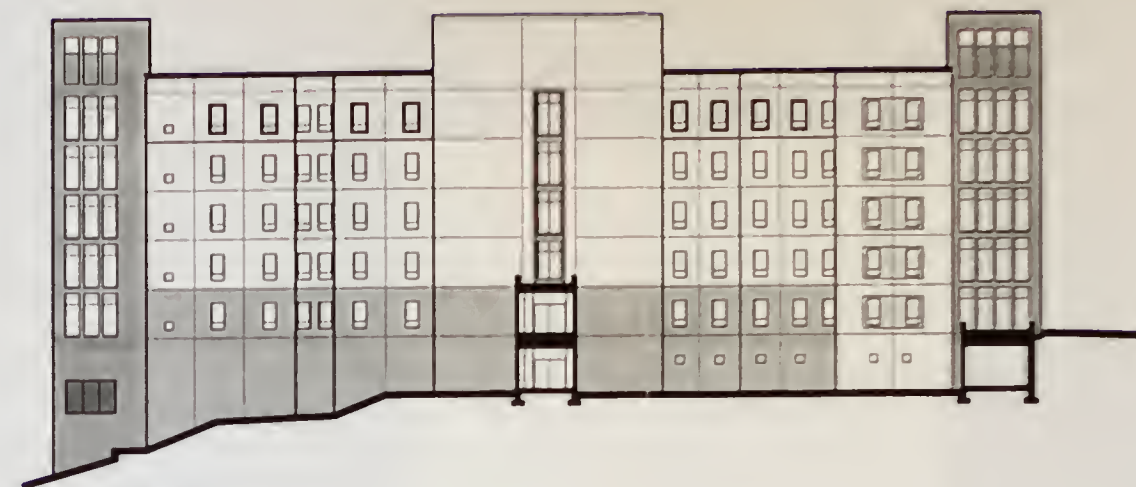


North Elevation





South Elevation



West Elevation



North Elevation



East Elevation



GREENHOUSE ELEVATIONS



The following construction phasing plans correlate to the construction phasing discussed throughout the EIR (i.e., Phase One, Phase Two, Phase Three-A, and Phase Three-B) as follows. The following phasing plans reflect an earlier version of the project design for the proposed Clarendon Hill West and East Buildings. As shown in the phasing plans, four wings, instead of two, would face north, and two wings, instead of four, would face south. The variation in the project design does not have any bearing on the construction phasing presented in these plans. Thus, the construction phasing plans remain valid for the proposed project.

Phase One is generally the same as Phases A through C;

Phase Two is generally the same as Phase D;

Phase Three-A is generally the same as Phase E and F; and

Phase Three-B is generally the same as Phase G and H.

CLARENDON TRAIL

MAIN HOSPITAL BUILDING - 987

EXISTING LAUNDRY

EXISTING BOILER ROOM

EXISTING PROPANE TANKS

EXISTING VEHICLE FUELING STATION

EXISTING HAZ. MAT. SHED

EXISTING ZOO BUILDING

EXISTING GREENHOUSE

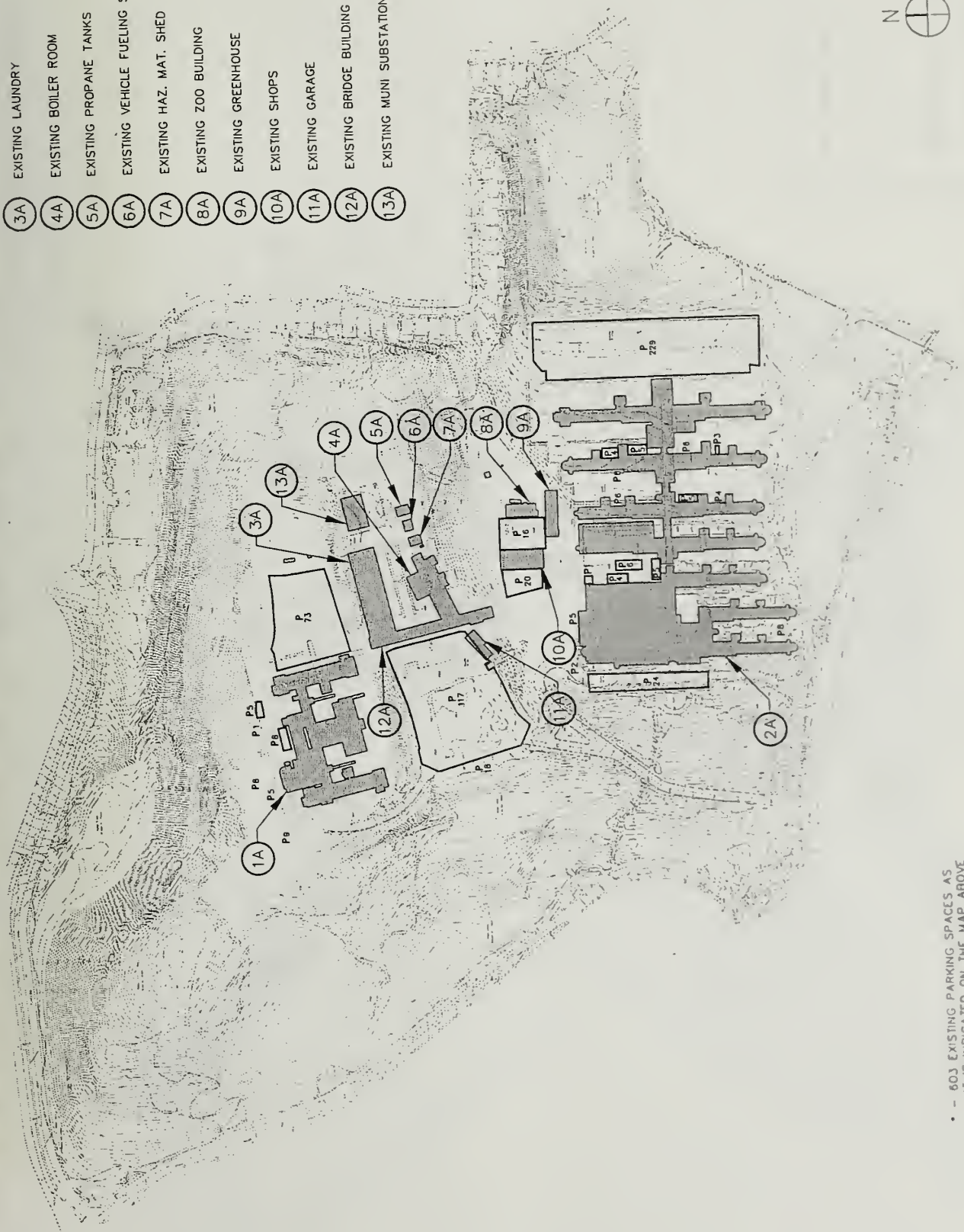
EXISTING SHOPS

EXISTING GARAGE

EXISTING BRIDGE BUILDING

EXISTING MUNI SUBSTATION

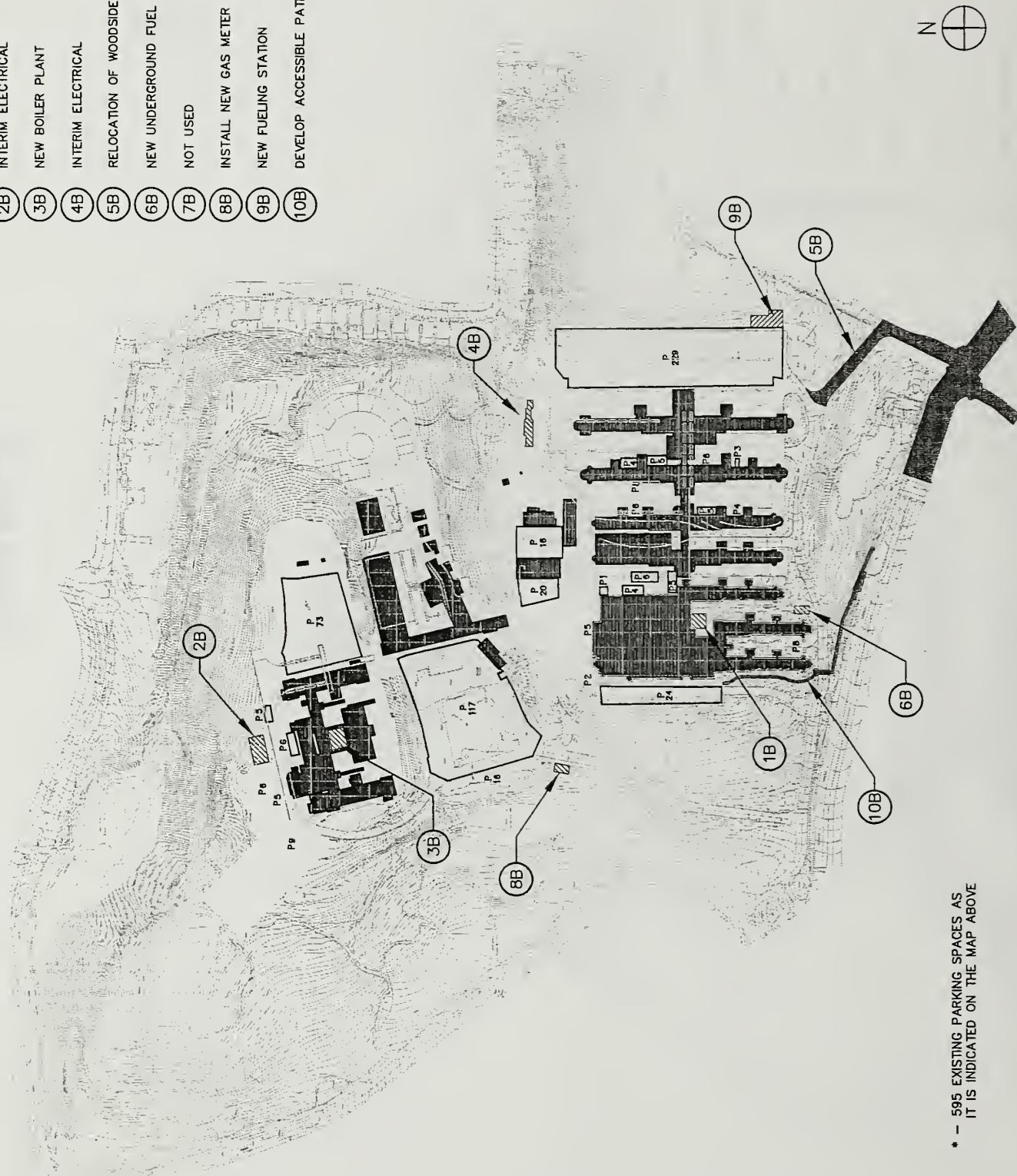
- 2A
- 3A
- 4A
- 5A
- 6A
- 7A
- 8A
- 9A
- 10A
- 11A
- 12A
- 13A



• - 603 EXISTING PARKING SPACES AS
IT IS INDICATED ON THE MAP ABOVE

PHASE A

- 1B NEW BOILER PLANT
- 2B INTERIM ELECTRICAL
- 3B NEW BOILER PLANT
- 4B INTERIM ELECTRICAL
- 5B RELOCATION OF WOODSIDE ENTRANCE
- 6B NEW UNDERGROUND FUEL STORAGE TANK
- 7B NOT USED
- 8B INSTALL NEW GAS METER
- 9B NEW FUELING STATION
- 10B DEVELOP ACCESSIBLE PATH



* - 595 EXISTING PARKING SPACES AS IT IS INDICATED ON THE MAP ABOVE

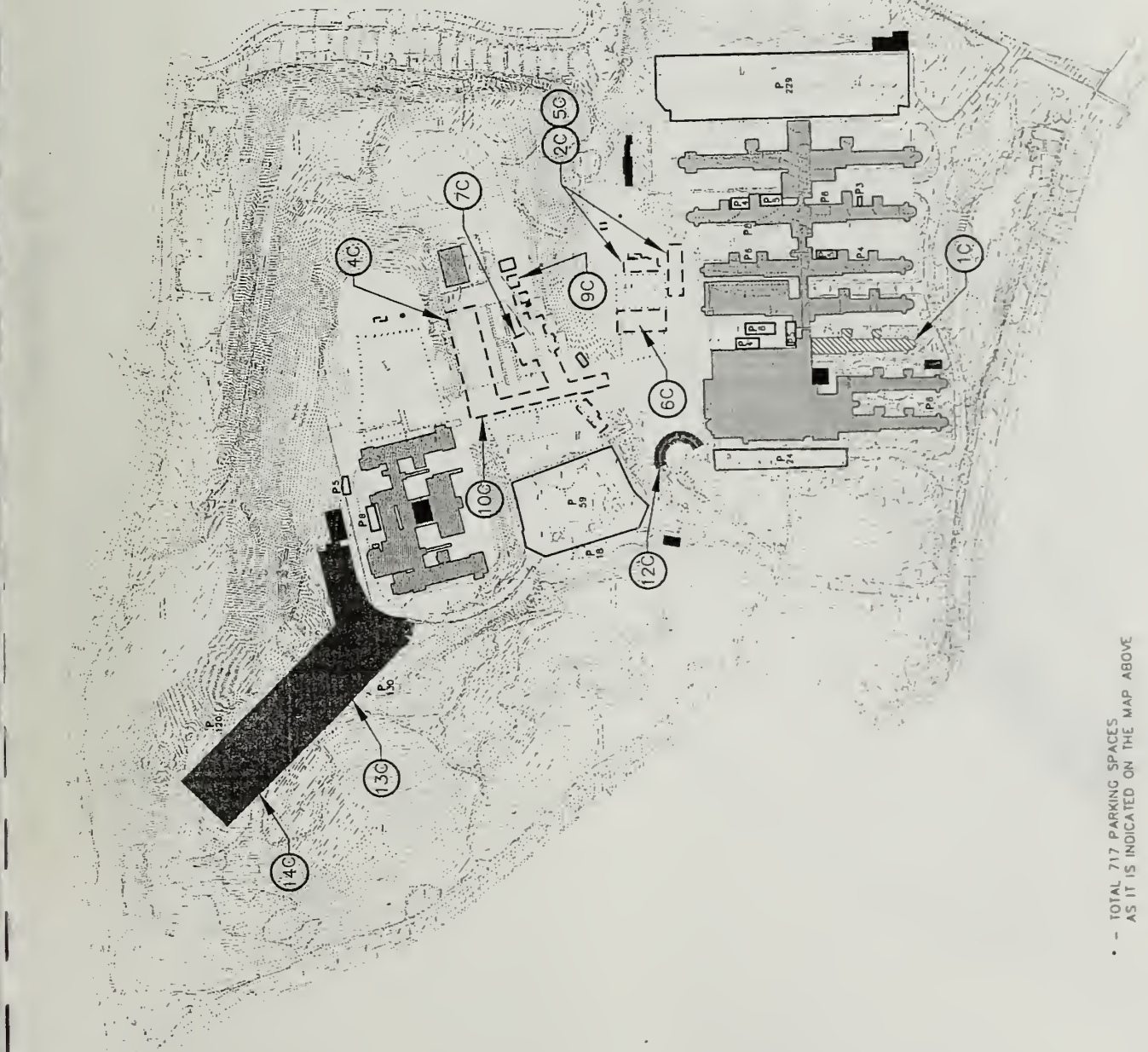
PHASE B

- 2C TEMPORARY RELOCATE GREENHOUSE & FARM
- 3C RELOCATE LAUNDRY TO OYSTER POINT BLVD.
- 4C DEMOLISH LAUNDRY
- 5C DEMOLISH GREENHOUSE AND FARM
- 6C DEMOLISH SHOPS
- 7C DEMOLISH PLANT BUILDING
- 8C NOT USED
- 9C DEMOLISH FUELING STATION
- 10C DEMOLISH BRIDGE BUILDING
- 11C RELOCATE HAZARDOUS MATERIALS SHED
- 12C REWORK FRONT DRIVE
- 13C PERMANENT PARKING - 130 SPACES
- 14C INTERIM PARKING - 120 SPACES

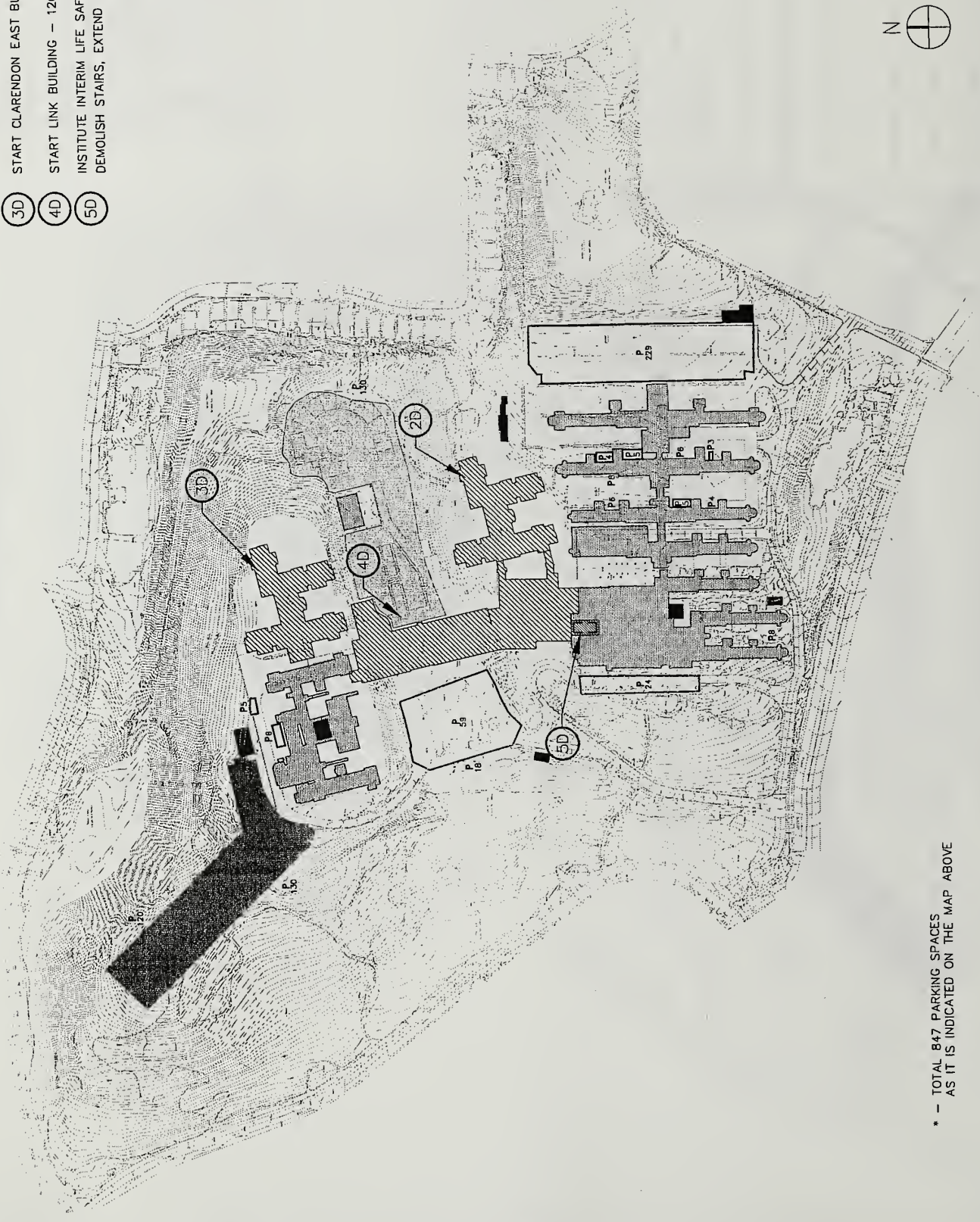


PHASE C

• - TOTAL 717 PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE



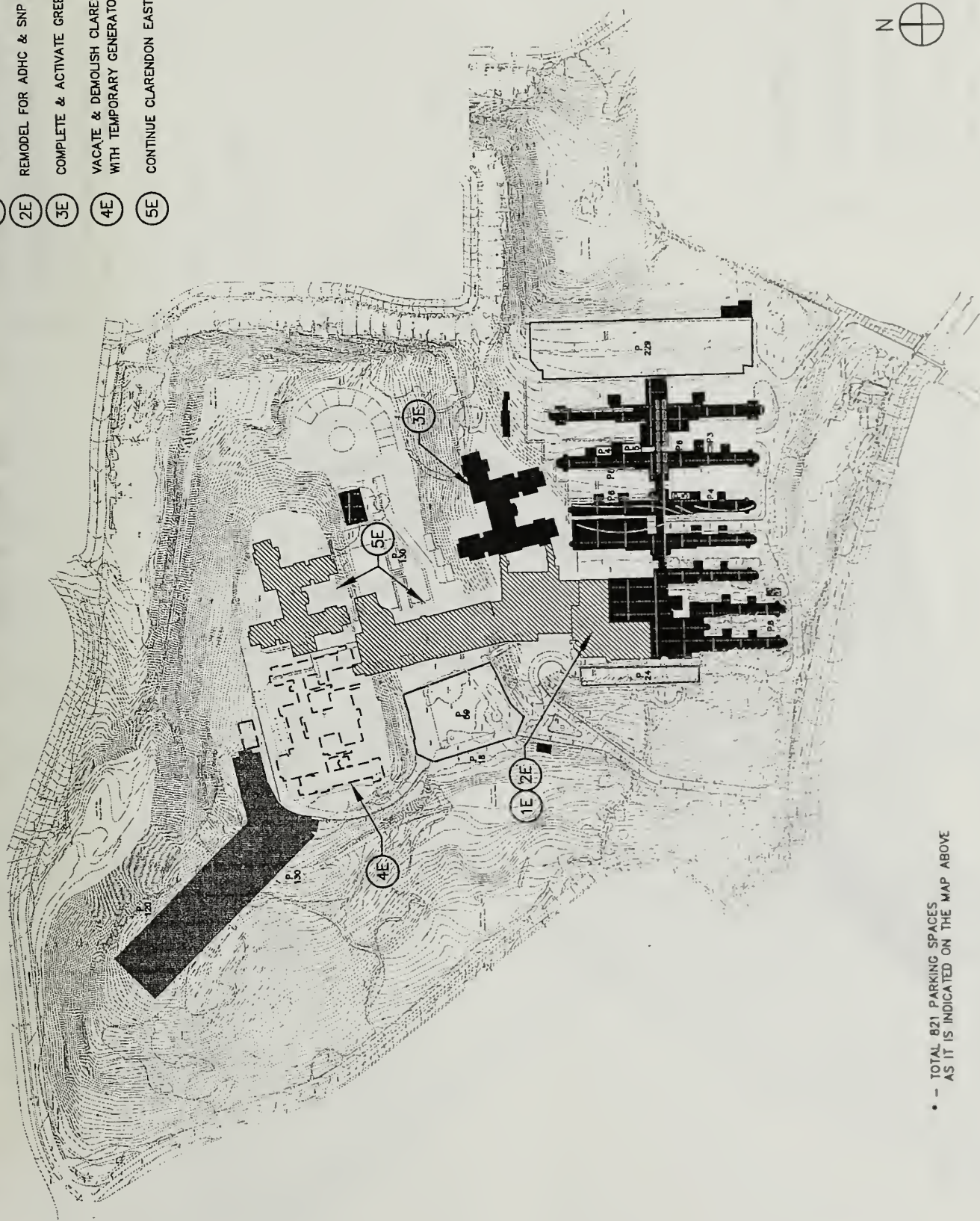
- 1D NOT USED
- 2D START GREENHOUSE BUILDING - 360 BEDS
- 3D START CLARENDON EAST BUILDING - 360 BEDS
- 4D START LINK BUILDING - 120 BEDS
- 5D INSTITUTE INTERIM LIFE SAFETY MEASURES
DEMOLISH STAIRS, EXTEND CORRIDORS



* - TOTAL 847 PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE

PHASE D

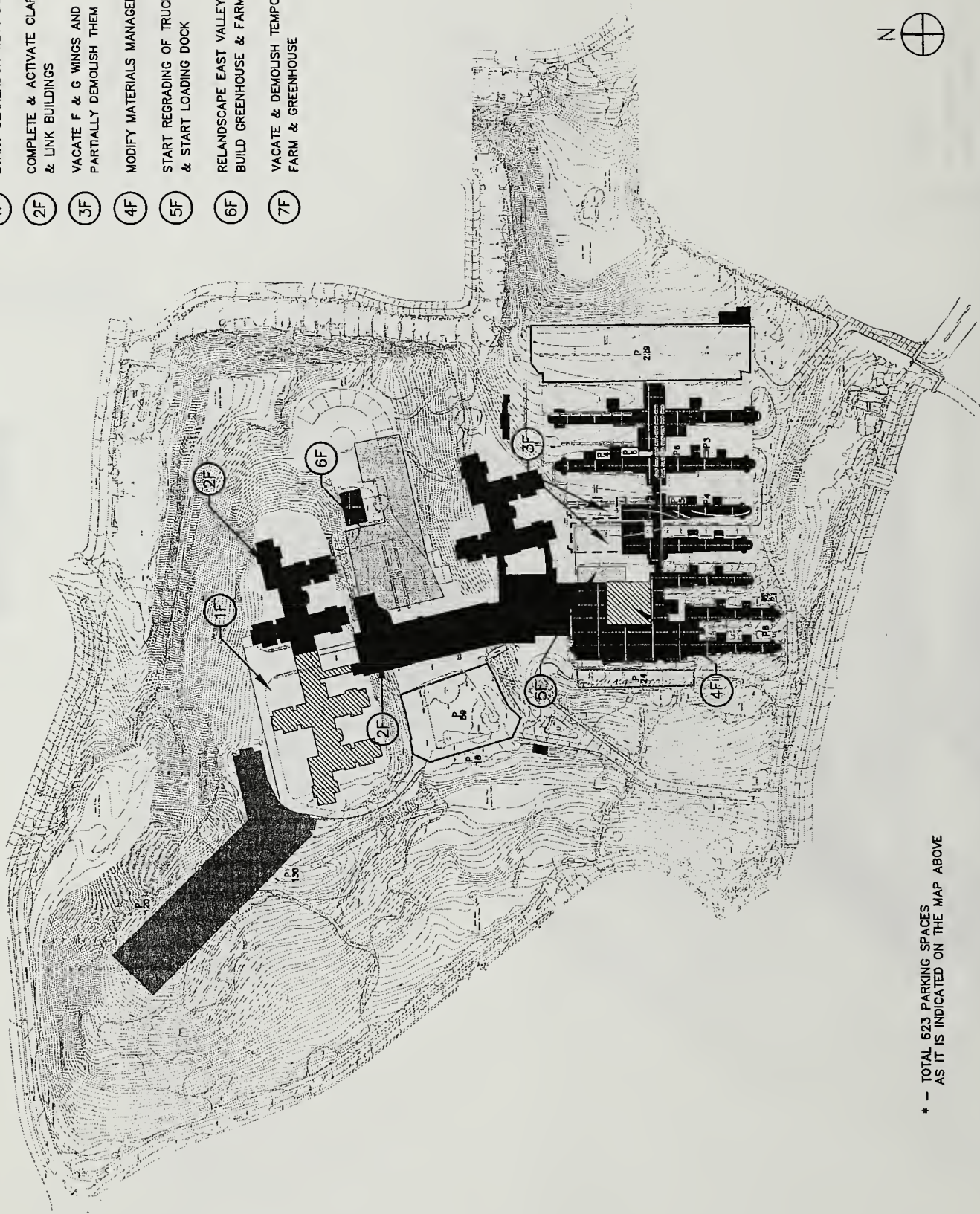
- 1E COMPRESS FOOD SERVICES AT LEVEL 3
- 2E REMODEL FOR ADHC & SNP
- 3E COMPLETE & ACTIVATE GREENHOUSE BUILDING
- 4E VACATE & DEMOLISH CLARENDON HALL ALONG WITH TEMPORARY GENERATOR & FUEL TANK
- 5E CONTINUE CLARENDON EAST & LINK BUILDINGS



• - - TOTAL 821 PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE

PHASE E

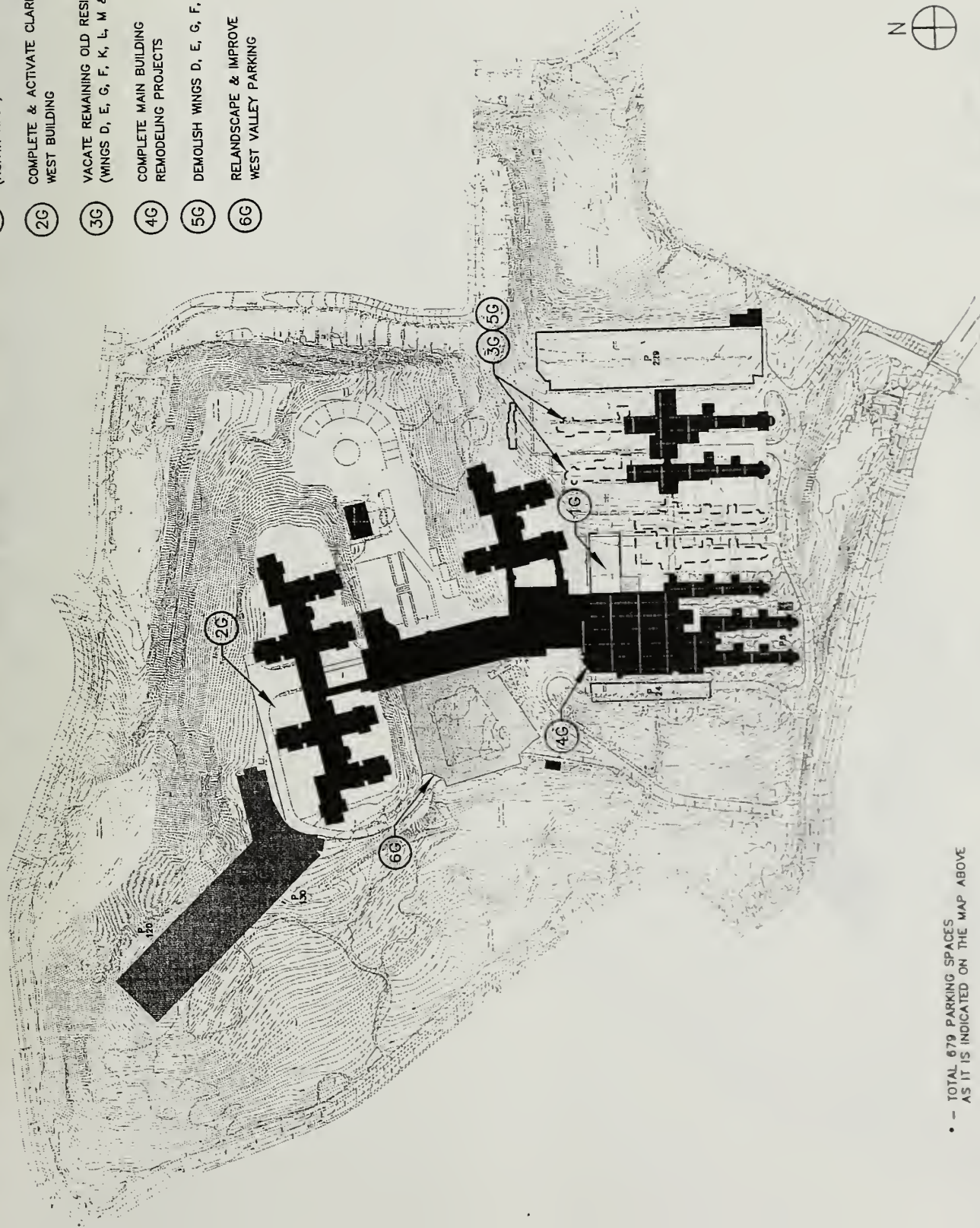
- 1F START CLARENDON WEST BUILDING - 360 BEDS
- 2F COMPLETE & ACTIVATE CLARENDON EAST & LINK BUILDINGS
- 3F VACATE F & G WINGS AND PARTIALLY DEMOLISH THEM
- 4F MODIFY MATERIALS MANAGEMENT
- 5F START REGRADING OF TRUCK COURT & START LOADING DOCK
- 6F RELANDSCAPE EAST VALLEY, BUILD GREENHOUSE & FARM
- 7F VACATE & DEMOLISH TEMPORARY FARM & GREENHOUSE



* - TOTAL 623 PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE

PHASE F

- 1G COMPLETE & ACTIVATE NEW LOADING DOCK
(NORTH HALF)
- 2G COMPLETE & ACTIVATE CLARENDON
WEST BUILDING
- 3G VACATE REMAINING OLD RESIDENTIAL UNITS
(WINGS D, E, G, F, K, L, M & O)
- 4G COMPLETE MAIN BUILDING
REMODELING PROJECTS
- 5G DEMOLISH WINGS D, E, G, F, K, L, M & O
- 6G RELANDSCAPE & IMPROVE
WEST VALLEY PARKING



• - TOTAL 679 PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE

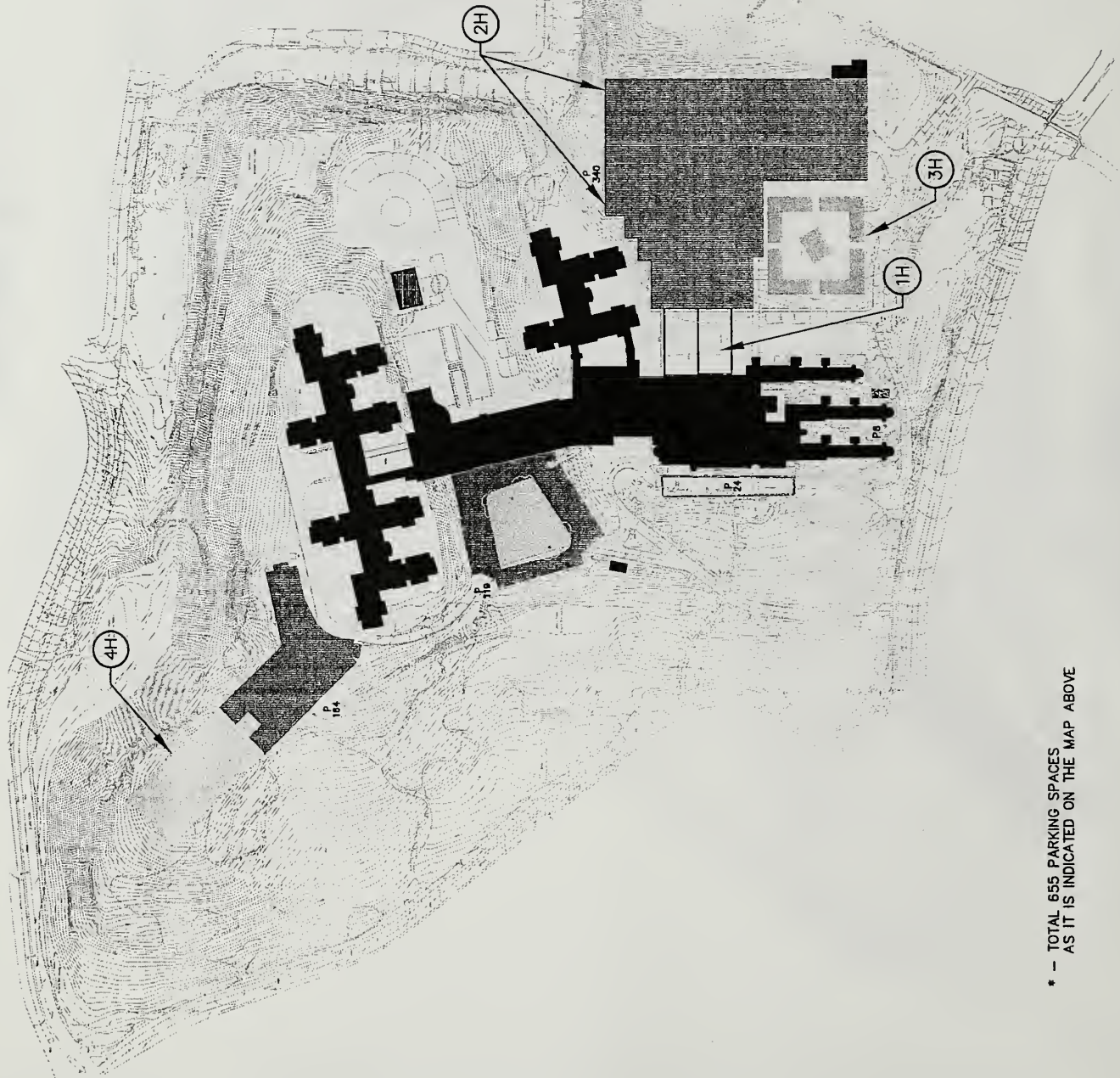
PHASE G

1H) COMPLETE & ACTIVATE NEW LOADING DOCK
(SOUTH HALF)

2H) BUILD NEW EAST PARKING,
REWORK EXISTING EAST PARKING

3H) ASSISTED LIVING BUILDING -
FUTURE CONSTRUCTION

4H) NOT USED



* - - TOTAL 655 PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE



PHASE H

APPENDIX 3.2

Transportation Data

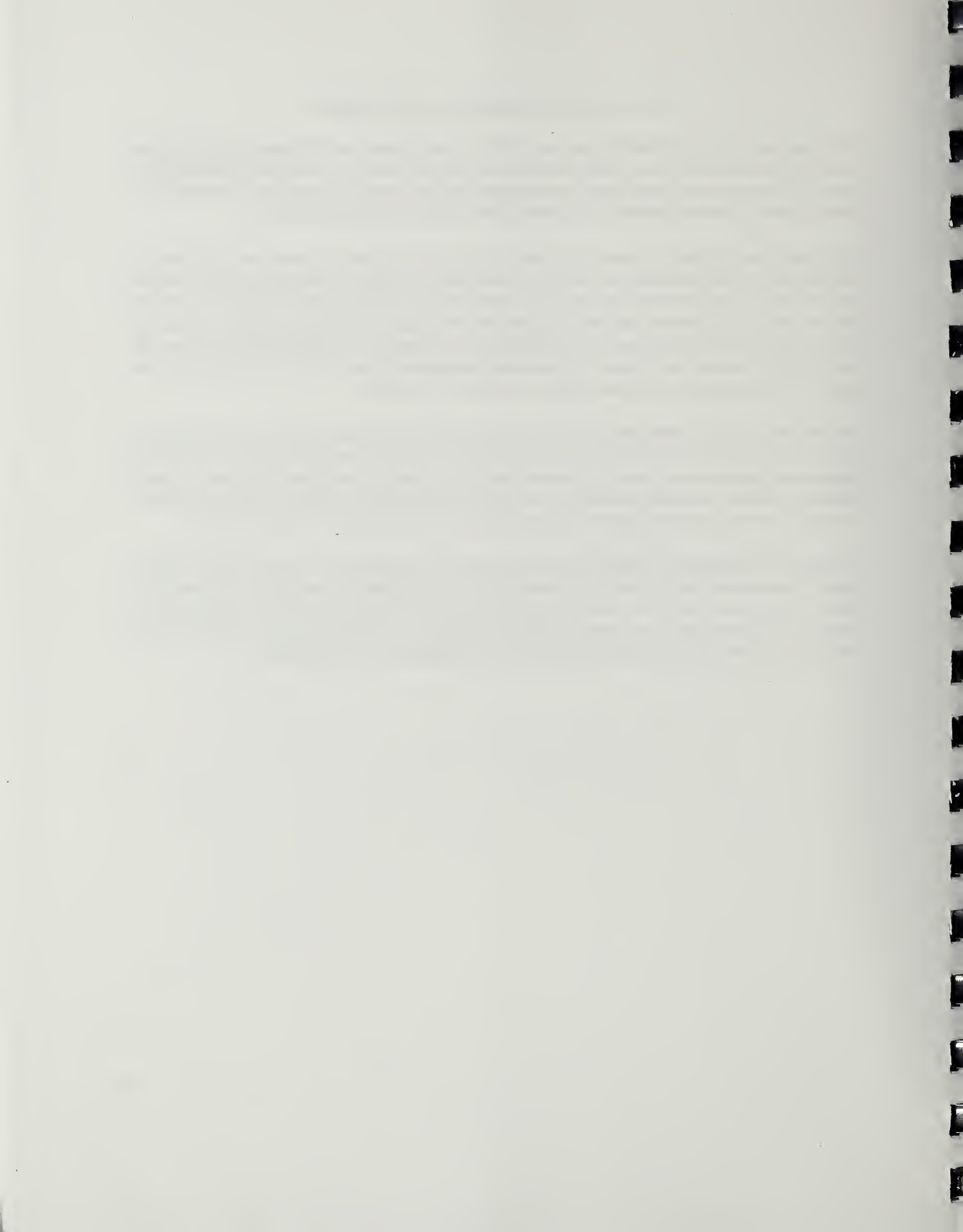
Trip Generation Methodology – Main Hospital

Trips generated by the main hospital component of the proposed project were determined by pro-rating the number of trips associated with the existing main hospital. This rate increase was based on the difference in the number of beds between the existing Main Hospital (1,065 beds) and proposed main hospital (1,200 beds), and assumed that the overall bed availability incorporated related visitor, employee and service trips.

Trips entering and exiting the project site during the 5:00 to 6:00 PM peak hour were used as the basis to calculate (pro-rate) the number of trips generated by the proposed main hospital. This peak hour differs from the peak of traffic exiting and entering the project site, which occurs immediately before and after the 4:00 PM employee shift change. However, the 5:00 to 6:00 PM peak hour is used in this report to estimate projected trips and evaluate roadway operating conditions (including transit and pedestrian conditions) because it is the time period when the maximum use of most of the surrounding transportation system occurs. It is also the time when most of the transportation service system capacity and service is at a maximum.

The total number of auto, pedestrian and bicycle trips entering and exiting the project site were recorded during the PM peak period (4:00 to 6:00 PM) at the Main Hospital Access Driveway on Laguna Honda Boulevard, and the secondary hospital access driveway on Woodside Boulevard. In addition, pedestrian counts were recorded at the stairway leading to and from the project site on Laguna Honda Boulevard near the Forest Hill MUNI Station. All counts were made on Tuesday, April 11, 2000, and consisted of both employees and visitors to the site.

It should be noted that no bicycle activity was recorded entering or exiting the site during the 4:00-6:00 PM peak period. In addition, walking trips that were recorded to and from the project site during the PM peak period were considered to be transit trips. This approach provided a conservative estimate of the number of transit users that would be accessing MUNI bus and rail lines near the project site. The 89-Laguna Honda MUNI bus which serves the project site does not operate during the PM peak period (10:00 AM to 3:00 PM only).



**Table 1. TWO-WAY STOP CONTROLLED INTERSECTION
LEVEL OF SERVICE DEFINITIONS**

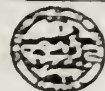
Level of Service	Average Total Delay (sec/veh)	Typical Traffic Conditions
A	0-5	Little or no delay.
B	5.1-10	Short traffic delays.
C	10.1-20	Average traffic delays.
D	20.1-30	Long traffic delays.
E	30.1-45	Very long traffic delays.
F	>45	*

- Level of Service F exists when there are insufficient gaps of suitable size to allow a side street demand to cross safely through a major street traffic stream. This level of service is generally evident from extremely long total delays experienced by side street traffic and by queueing on the minor approaches.
- Source: Highway Capacity Manual, Special Report No. 209, Third Edition, Transportation Research Board, Washington, D.C. 1985 (Updated 1994)

**Table 2. Signalized Intersection
Level of Service Definitions**

Level of Service	Stopped Delay (sec/veh)	Typical Traffic Condition
A	<5.0	Insignificant Delays: Progression is extremely favorable, and most vehicles arrive during the green phase. Most vehicles do not stop at all.
B	5.1 – 15.0	Minimal Delays: Generally good progression, short cycle lengths, or both. More vehicles stop than with LOS A, causing higher levels of average delay. Drivers begin to feel restricted.
C	15.1 – 25.0	Acceptable Delays: Fair progression, longer cycle lengths, or both. Individual cycle failures may begin to appear; though many still pass through the intersection without stopping. Most drivers feel somewhat restricted.
D	25.1 – 40.0	Tolerable Delays: The influence of congestion becomes more noticeable. Longer delays may result from some combination of unfavorable progression, long cycle lengths or high v/c ratios. Many vehicles stop, and the proportion of vehicles not stopping declines. Individual cycle failures are noticeable. Queues may develop but dissipate rapidly, without excessive delays.
E	40.01 – 60.0	Significant Delays: Considered by many agencies to be the limit of acceptable delay. These high delay values generally indicate poor progression, long cycle lengths, and high v/c ratios. Individual cycle failures are frequent occurrences. Vehicles may wait through several signal cycles and long queues of vehicles from upstream.
F	>60.0	Excessive Delays: Considered to be unacceptable to most drivers. Often occurs with over saturation, that is, when arrival flow rates exceed the capacity of the intersection. Poor progression and long cycle lengths may also be major contributing causes to such delay levels. Queues may block upstream intersections.

Historic Architectural Resources Background Data

07/11/12
PETE WILSON, Governor

E OF CALIFORNIA -- THE RESOURCES AGENCY

OFFICE OF HISTORIC PRESERVATION

DEPARTMENT OF PARKS AND RECREATION

BOX 942898
SACRAMENTO 94296-0001
653-6624
(916) 653-9824

October 14, 1992

A.R. Kite, Chief
Disaster Assistance Programs
Region IX - Federal Emergency
Management Agency
Building 105, Presidio of San
Francisco
San Francisco, CA 94129

Reply To: FEMA920821A

RE: Clarendon Hall, Laguna Honda Hospital, Earthquake Damage Repairs

Dear Mr. Kite:

FEMA's determination that Clarendon Hall is not eligible for inclusion in the National Register of Historic Places (NRHP) may be premature.

We assume that the Hall is part of the Laguna Honda Hospital and Home for the Aged. If that is true, Clarendon should not have been evaluated in isolation from the larger facility.

The documentation supporting the determination of eligibility is minimal. To what degree was the history of Laguna Honda as a specialized type of social service facility in the City of San Francisco examined before reaching the conclusion that Clarendon is neither individually eligible for the NRHP nor eligible as part of the entire Laguna Honda complex?

In the absence of further information concerning the history of Laguna Honda and notwithstanding the date of this letter, we herewith state for the record our opinion that the NRHP status of Clarendon Hall is undetermined (36 CFR 800.4b-c).

If you have any questions, please call Hans Kreutzberg at (916) 653-6624.

Sincerely,

Steade R. Craigo, AIA, Acting
State Historic Preservation Officer

OCT 16 1992





Federal Emergency Management Agency

Region IX
Building 105
Presidio of San Francisco
San Francisco, CA 94129

DEC 29 1992

Mr. Steade Craig, AIA, Acting
State Historic Preservation Officer
Office of Historic Preservation
Department of Parks and Recreation
P.O. Box 942896
Sacramento, CA 94296-0001

Dear Mr. Craig,

Subject: FEMA920821A
Laguna Honda Hospital and Rehabilitation Center, Clarendon Hall
FEMA-845-DR, P.A. 075-00000
Applicant: City & County of San Francisco

As requested in your letter of October 14, 1992, our staff has researched the historical significance of Clarendon Hall in the larger context of the Laguna Honda Hospital and Rehabilitation Center complex and applied the National Register Criteria for National Register eligibility in accordance with 36 CFR 60.4 (c). Based on this new research information, it is FEMA's determination that Laguna Honda Hospital and Rehabilitation Center is eligible under Criteria B, and C for the National Register and that Clarendon Hall is a contributing element of the Laguna Honda Hospital and Rehabilitation Center.

In addition, the Area of Potential Effects for the proposed undertaking at Clarendon Hall has been determined to be the entire Laguna Honda Hospital and Rehabilitation Center site.

FEMA staff have also reviewed the proposed undertaking of repairs and structural strengthening and determined that the work as proposed will have no adverse effect on historic properties.

The following documentation is enclosed for your review and comment:

Area of Potential Effects

A. Location map

B. Site plan delineating Area of Potential Effects

C. Eligibility Determination

D. A. Photographs of Clarendon Hall, Main Building, and Ancillary Structures

-2-

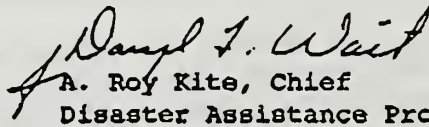
- B. Architectural Assessment, History of the institution - Excerpt from Laguna Honda Master Plan by KMD/GHC+A
- C. Laguna Honda Relief Home, article in Pacific Coast Architect, October, 1927
- D. National Register Criteria and Analysis

III. Assessment of Effects of the Undertaking

- A. Excerpts from plans by City Architect
- B. FEMA description and assessment of the undertaking

Please contact Tom Ridgeway at (415) 666-9339 if you have any questions. If we do not hear from you within 60 days of your receipt of this letter, we will assume that you do not object to our determinations and will proceed by notifying the Council in accordance with 36 CFR Part 800.

Sincerely,


A. Roy Kite, Chief
Disaster Assistance Programs

Enclosures

cc: Mr. Charles Wynne, Office of Emergency Services
Mr. Jorge Alfaro, CCSF



Federal Emergency Management Agency

Region IX
Building 105
Presidio of San Francisco
San Francisco, California 94129

APR 23 1993

Mr. Charles F. Wynne
Governor's Authorized Representative
Office of Emergency Services
2800 Meadowview Road
Sacramento, California 95832

Dear Mr. Wynne:

Subject: Finding of "No adverse effect" - Clarendon Hall, Laguna Honda Hospital
FEMA-845-DR, P.A. 075-00000
Subgrantee: City & County of San Francisco

The Federal Emergency Management Agency (FEMA) has completed the review of the proposed repair and strengthening work for the Clarendon Hall, Laguna Honda Hospital property in accordance with Section 106 of the National Historic Preservation Act and determined that the work as proposed will constitute no adverse effect to historic properties. The State Historic Preservation Officer (SHPO) concurred with our determination in their letter of January 26, 1993. The Advisory Council on Historic Preservation (Council) concurred with our determination in their letter of March 11, 1993.

Please inform the subgrantee that the Section 106 review process has been completed for this property unless the proposed scope of work is changed. DSR 90580 has been reinstated in the amount of \$24,792, and DSR 72007 and 90563 remain in effect. The FEMA staff may monitor the construction progress from time-to-time to verify conformance with the approved scope of work. If the proposed scope of work is changed, please notify this office so that we may review proposed changes prior to the start of construction. If you have any questions, please contact Tom Ridgeway at (415) 666-9339.

Sincerely,

A handwritten signature in dark ink, appearing to read "A. Roy Rite", is written over the typed name and title.

A. Roy Rite, Chief
Disaster Assistance Programs

cc: Mark Primeau, City and County of San Francisco

Advisory
Council On
Historic
Preservation

E1-002 85-743 Jan-
COPY

cc: Lehman 4/6/89
This completes 106-Make
sure no DSRs are
suspended - Tom

The Old Post Office Building
1100 Pennsylvania Avenue, NW, #809
Washington, DC 20004

Reply to: 730 Slims Street #401
Golden, Colorado 80401

March 11, 1993

Mr. Roy A. Kite, Chief
Disaster Assistance Programs
Federal Emergency Management Agency
Region IX, Building 105
Presidio of San Francisco
San Francisco, CA 94129

SENT TO HOD P. ALONSO
on 4.12.93

cc: J. ALFARO
L. ALONSO

REF: Laguna Honda Hospital and Rehabilitation Center, Clarendon
Hall, San Francisco, CA

Dear Mr. Kite:

We have reviewed the documentation received on February 16, 1993, regarding the Federal Emergency Management Agency's no adverse effect determination for the proposed earthquake repairs to Clarendon Hall, a property eligible for listing on the National Register of Historic Places.

Under procedures set forth in 36 CFR Section 800.5(d)(2), the Council does not object to the finding of no adverse effect ^{ATTN} provided that the existing roof tiles be salvaged and reinstalled ^{TO} as feasible. ^{cc} This letter evidences that the requirements of Section 106 of the National Historic Preservation Act and the Council's regulations have been met for this project. It should be retained with all supporting documentation in your agency's environmental or project file.

If you have any questions or require the further assistance of the Council, please contact Andrew Lewis of our staff at (303) 231-5320.

Sincerely,



Claudia Nissley
Director, Western Office of Review

OFFICE OF HISTORIC PRESERVATION * * * Historic Properties Directory for: SAN FRANCISCO									
STREET-ADDRESS..... NAMES.....									
12:56:17 04-03-98									
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PROP-# OHP-PROG.. PRG-REFERENCE-NUMBER STAT-DAT NRS CRIT									
114960 HIST.RES. DOE-38-86-0002-0000 10/19/86 2S2 AC									
PROJ.REVW. FHWA8609192 10/19/86 2S2 AC									
KEZAR DR	BRIDGE #34C-9999 / LAKE ALVORD BRIDGE	C	1889 S						
KING ST	DELANCY STREET FOUNDATION	U	1935 B						
121 KING ST	SEIBERLING RUBBER COMPANY/DELANCY STR	U	1939 B 0						
125 KING ST	ALUMINUM GOODS MANUFACTURING COMPANY	U	1935 B						
126 KING ST	BUILDING AT 126 KING STREET	P	1902 B						
128 KING ST	BUILDING AT 128 KING ST	U	B						
128 KING ST	WAREHOUSE INVESTMENT CO, STATE TERMIN	P	1912 B						
135 KING ST	S. L. ABBOTT COMPANY BUILD	U	1935 B						
136 KING ST	R E X EQUIPMENT/MACHYTE COMPANY	P	1913 B						
141 KING ST		U	1935 B						
145 KING ST	R E X EQUIPMENT	U	1935 B						
150 KING ST		U	1940 B						
151 KING ST	AMERICAN WEEKLY PRINTING PLANT	U	1950 B						
161 KING ST	ROSSI FREIGHT LINES	P	1950 B						
170 KING ST	BRACCO DISTRIBUTING CO	U	1940 B						
171 KING ST	ROSSI FREIGHT LINES	P	1950 B						
175 KING ST	CALTRANS	S	1950 B						
188 KING ST	MAC WYTE WIRE ROPE CO	S	1920 B						
1638 KIRKWOOD ST		U	1935 B						
KOBBE AVE	BUILDING 1340, ORDNANCE STORAGE	F	1917 B						
KOBBE AVE	BUILDING 1330 FT WINFIELD SCOTT, BACH	F	1915 B						
KOBBE AVE	BLDGS 1320/1324/1326/1328 FT SCOTT, O	F	1912 B						
KOBBE AVE	BUILDING 1339, ORDNANCE REPAIR SHOP	F	1900 B						
KOBBE AVE	BUILDING 1308 FT WINFIELD SCOTT, OFFI	F	1910 B						
KOBBE AVE	BUILDING 1302 FT WINFIELD SCOTT, OFFI	F	1902 B						
KOBBE AVE	BUILDING 1347 FT WINFIELD SCOTT, BACH	F	1941 B						
KOBBE AVE	BUILDING 1334 FT WINFIELD SCOTT, OFFI	F	1912 B						
KOBBE AVE	BUILDING 1338, FLAMMABLE STORAGE SHED	F	1902 B						
KOBBE AVE	BUILDINGS 1314/1322 FT WINFIELD SCOTT	F	1912 B						
KOBBE AVE	BUILDING 1304 FT WINFIELD SCOTT, OFFI	F	1902 B						
375 LAGUNA HONDA BLVD	LAGUNA HONDA HOSPITAL AND REHAB CENTE	U	1909 D 9						
375 LAGUNA HONDA BLVD	LAGUNA HONDA SHOPS	U	1957 B						
375 LAGUNA HONDA BLVD	LAGUNA HONDA LAUNDRY	U	1926 B						
375 LAGUNA HONDA BLVD	LAGUNA HONDA BRIDGE STRUCTURE	U	1926 B						
375 LAGUNA HONDA BLVD	LAGUNA HONDA MAIN BUILDING	U	1926 B						
375 LAGUNA HONDA BLVD	LAGUNA HONDA BOILER HOUSE	U	1926 B						
375 LAGUNA HONDA BLVD	LAGUNA HONDA CLARENDON HALL	U	1909 B						
375 LAGUNA HONDA BLVD	LAGUNA HONDA GREENHOUSE	U	1926 B						
375 LAGUNA HONDA BLVD	LAGUNA HONDA GARAGE	U	1912 B						
LAGUNA ST	PIERSHED-PIER 3	F	1934 B						
LAGUNA ST	FM315/WAREHOUSE	F	1912 B						
LAGUNA ST	PIER 2	F	1912 B						
LAGUNA ST	FORT MASON, FM314/WAREHOUSE	F	1912 B						
LAGUNA ST	FORT MASON, FM312/WAREHOUSE	F	1912 B						

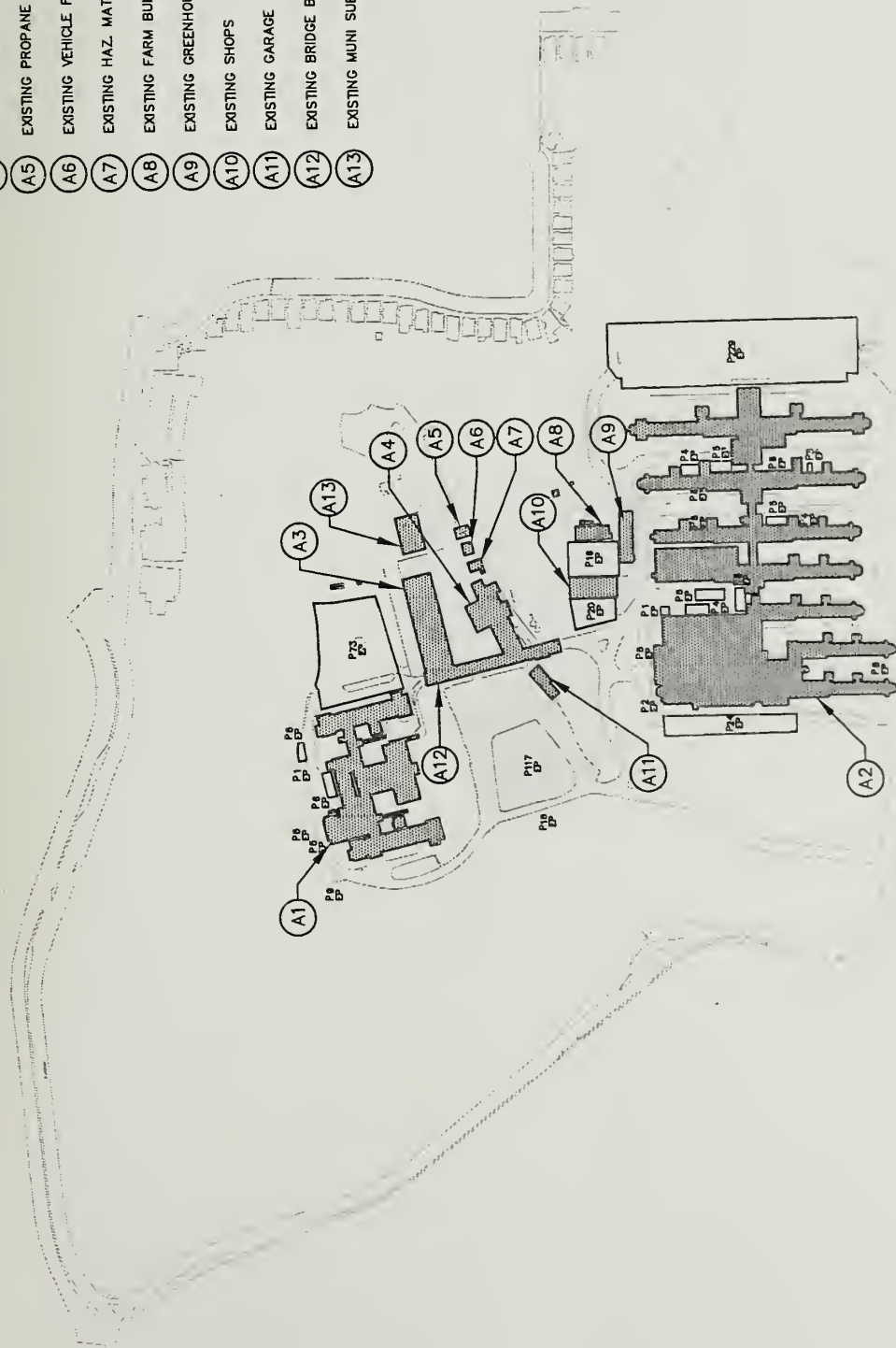
APPENDIX 6.0

Alternative Three Construction Phasing Plans



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- A1 CLARENDON HALL - 162 BEDS
- A2 MAIN HOSPITAL BUILDING - 987 BEDS
- A3 EXISTING LAUNDRY
- A4 EXISTING BOILER ROOM
- A5 EXISTING PROPANE TANKS
- A6 EXISTING VEHICLE FUELING STATION
- A7 EXISTING HAZ. MAT. SHED
- A8 EXISTING FARM BUILDING
- A9 EXISTING GREENHOUSE
- A10 EXISTING SHOPS
- A11 EXISTING GARAGE
- A12 EXISTING BRIDGE BUILDING
- A13 EXISTING MUNI SUBSTATION



803 EXISTING PARKING SPACES AS
IT IS INDICATED ON THE MAP ABOVE

PHASE A - EXISTING

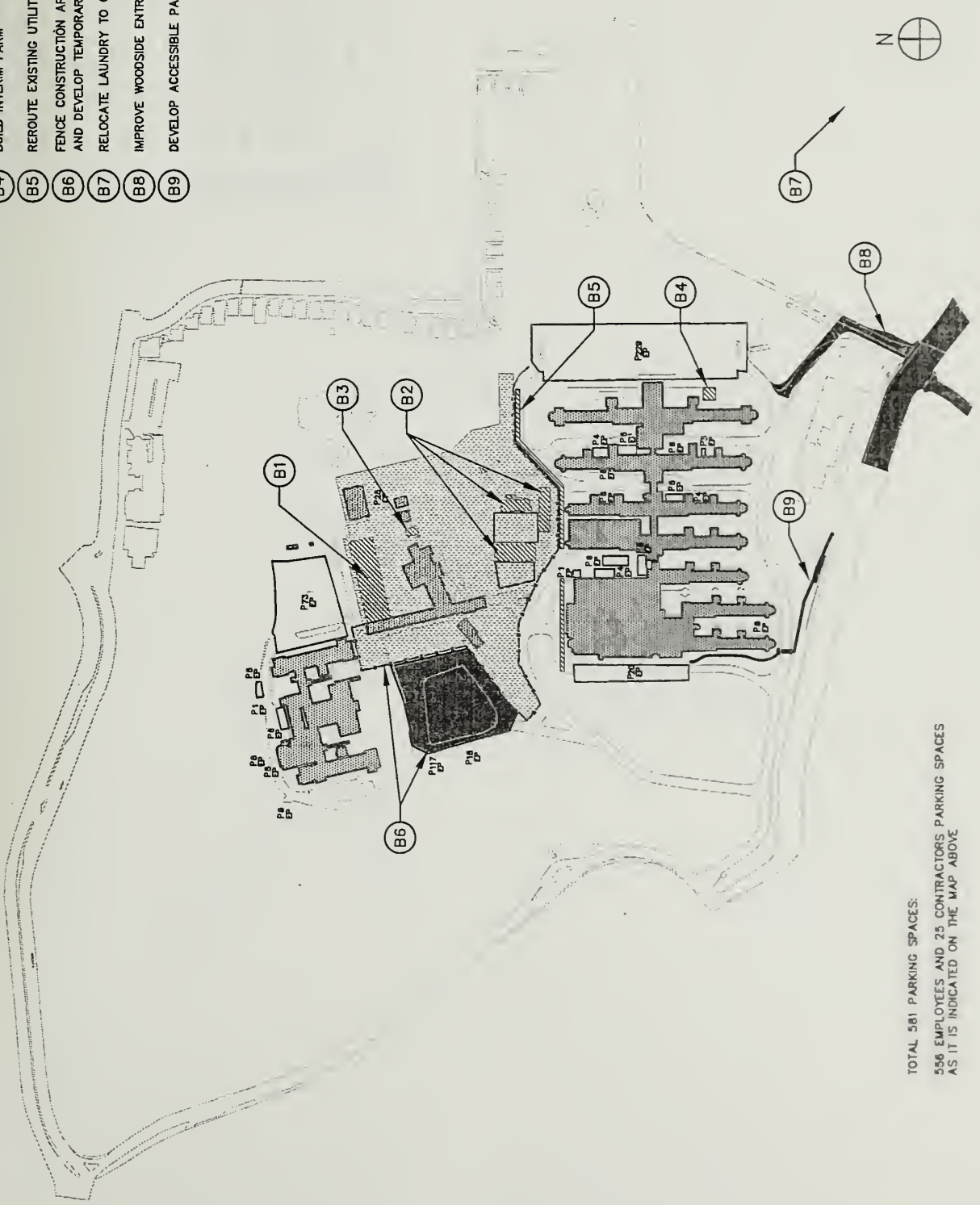
ACCESS & PRE-CONSTRUCTION

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PHASE B

- B1
- B2
- B3
- B4
- B5
- B6
- B7
- B8
- B9

- VACATE ENGINEERING SHOPS, GREENHOUSE AND FARM
- VACATE HAZ. MAT. BUILDING
- BUILD INTERIM FARM
- REROUTE EXISTING UTILITY LINES
- FENCE CONSTRUCTION AREA, PROTECT TREES AND DEVELOP TEMPORARY PARKING
- RELOCATE LAUNDRY TO OYSTER POINT BLVD.
- IMPROVE WOODSIDE ENTRANCE
- DEVELOP ACCESSIBLE PATH



TOTAL 581 PARKING SPACES:
556 EMPLOYEES AND 25 CONTRACTORS PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE

PHASE B

ACCESS & PRE-CONSTRUCTION
APR '02 - OCT '02

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BUILD NEW PERMANENT BOILER PLANT
INSTALL BOILER AND FURNACE

BUILD INTERIM ELECTRICAL

INSTALL GENERATOR

BUILD TEMPORARY BOILER PLANT

BUILD INTERIM ELECTRICAL COMPLEX

INSTALL POWER CENTER EQUIPMENT
CONNECT TO PG&E 12KV SERVICE

INSTALL NEW GAS METER

REMOVE SATELLITE DISH COMPLEX

NOT USED

BUILD NEW FUELING STATION & HAZ. MAT. SHED

BUILD NEW UNDERGROUND FUEL STORAGE

ABATE LAUNDRY, PLANT, BRIDGE BUILDING AND GARAGE

DEMOLISH ENGINEERING SHOPS, GREENHOUSE,
FARM AND PARKING LOTS BETWEEN THEM

GRADE GREENHOUSE PAD

DISCONNECT FROM CENTRAL PLANT

CONNECT UTILITY TRENCH

- C2
- C3
- C4
- C5
- C6
- C7
- C8
- C9
- C10
- C11
- C12
- C13
- C14
- C15



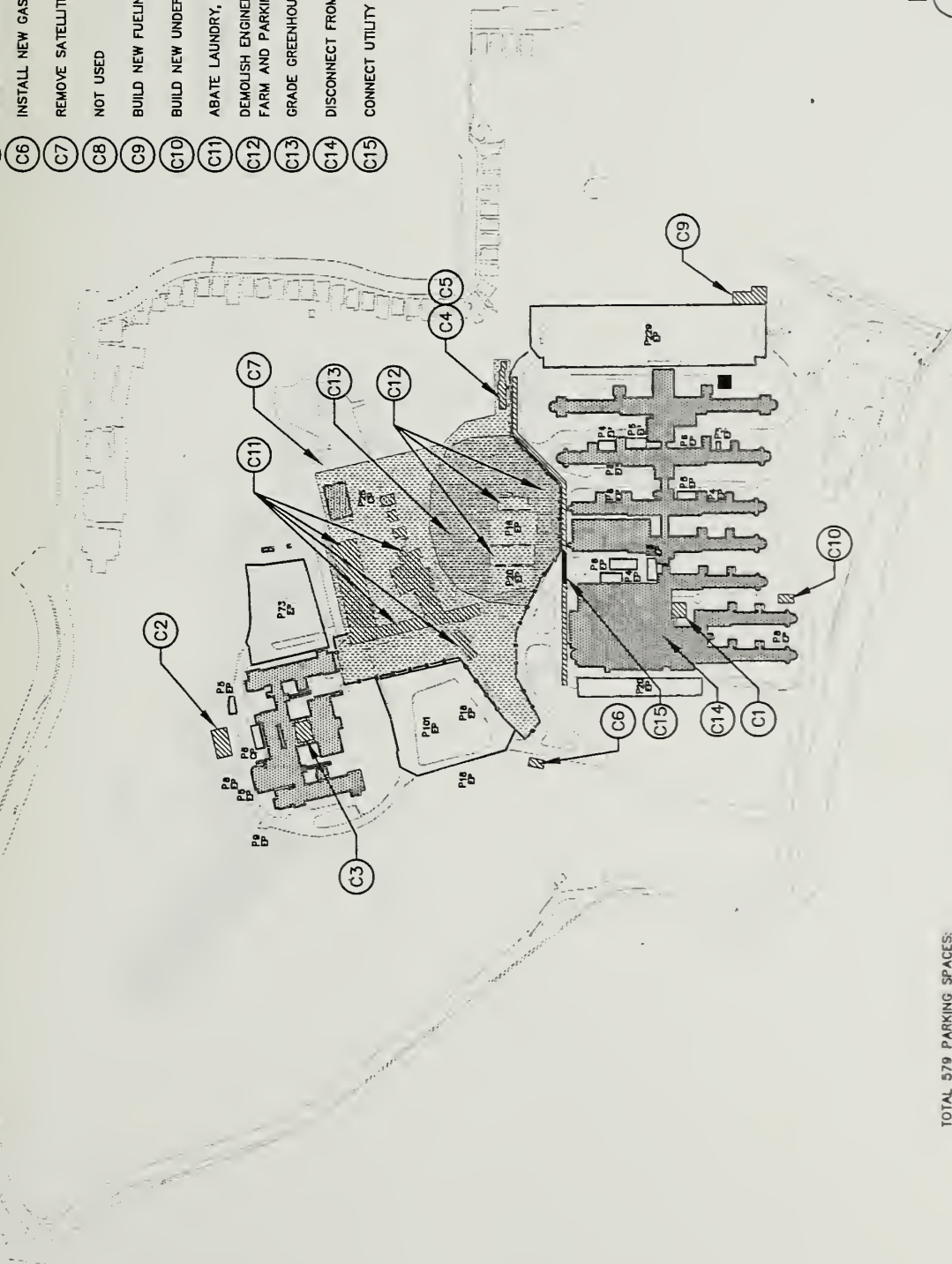
PHASE C

GREENHOUSE PAD AND UTILITIES

NOV '02 - FEB '03

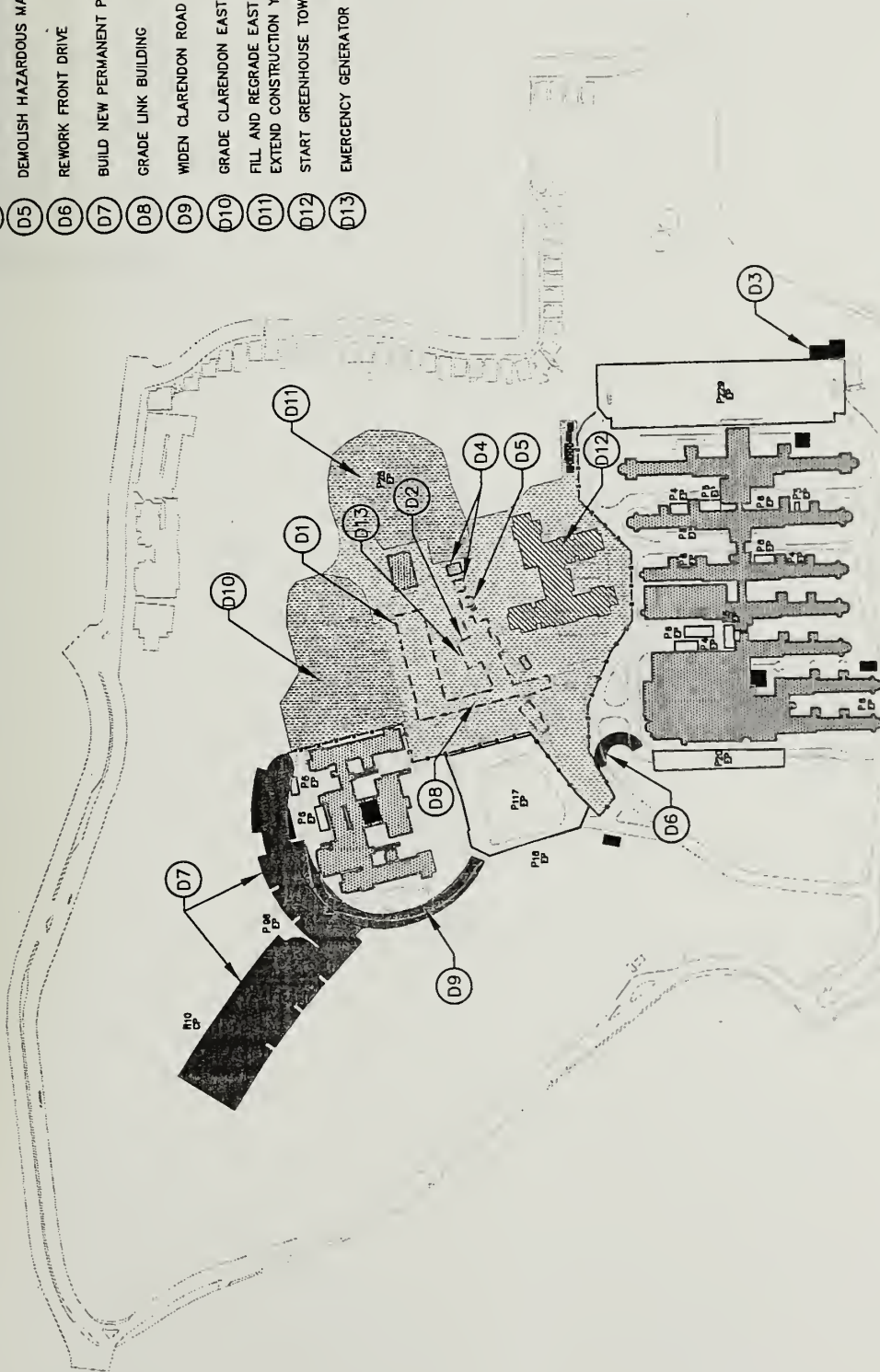
TOTAL 579 PARKING SPACES:

538 EMPLOYEES AND 41 CONTRACTORS PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE



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- D2 DEMOLISH PLANT & BRIDGE BUILDINGS
- D3 ACTIVATE NEW FUELING STATION & HAZ. MAT. SHED
- D4 DEMOLISH FUELING STATION & PROPANE TANKS
- D5 DEMOLISH HAZARDOUS MATERIALS SHED
- D6 REWORK FRONT DRIVE
- D7 BUILD NEW PERMANENT PARKING - 255 SPACES
- D8 GRADE LINK BUILDING
- D9 WIDEN CLARENDON ROAD
- D10 GRADE CLARENDON EAST PAD
- D11 FILL AND REGRADE EAST CLARENDON VALLEY, EXTEND CONSTRUCTION YARD AND TEMPORARY PARKING
- D12 START GREENHOUSE TOWER - 300 BEDS
- D13 EMERGENCY GENERATOR FUEL TANK MODIFICATION



TOTAL 690 PARKING SPACES:
 555 EMPLOYEES AND 135 CONTRACTORS PARKING SPACES
 AS IT IS INDICATED ON THE MAP ABOVE

PHASE D

UTILITIES AND SITE PREPARATION
 MAR '03 - DEC '03

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D2 START CLARENDON EAST BUILDING - 420 BEDS

D3 START LINK BUILDING - 60 BEDS

D4 INSTITUTE INTERIM LIFE SAFETY MEASURES

D5 DEMOLISH STAIRS, EXTEND CORRIDORS

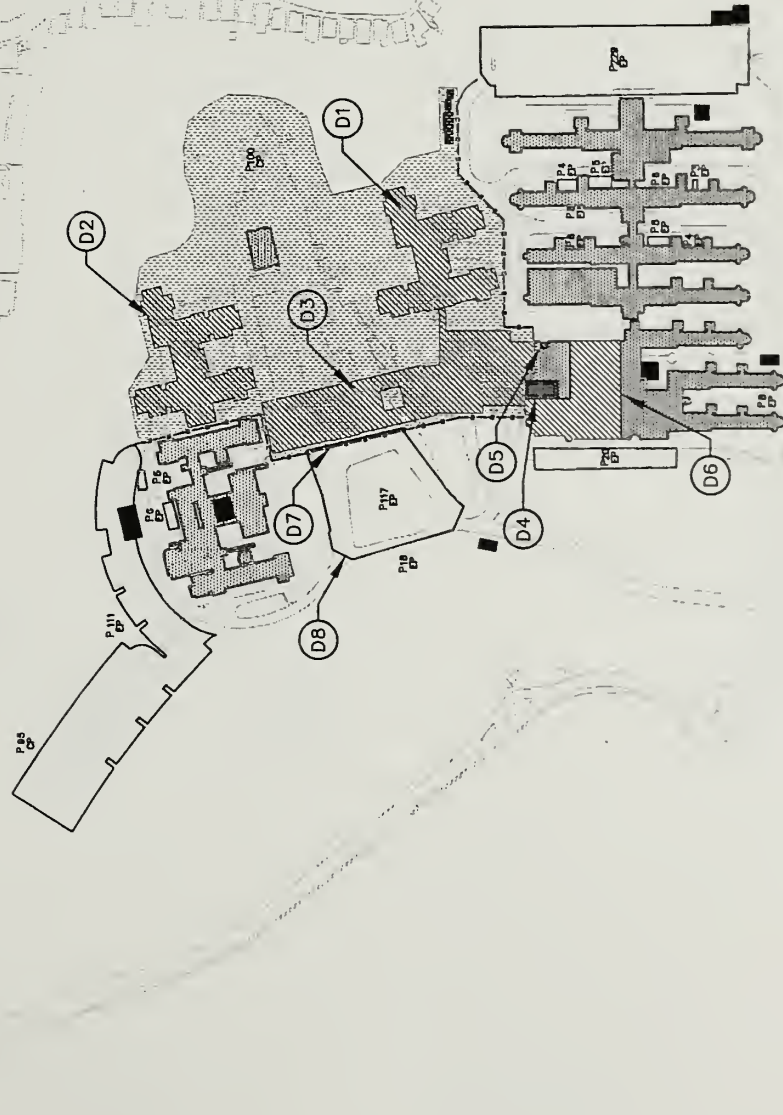
D6 CONSOLIDATE DIETARY DEPARTMENT

D7 TO FREE UP SPACE

D8 REMODEL FOR ADHC AND SNP

D9 MOVE FENCE

D10 CONVERT LOT TO STAFF PARKING



TOTAL 750 PARKING SPACES:

555 EMPLOYEES AND 195 CONTRACTORS PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE

PHASE E

GREENHOUSE TOWER/ EAST CLARENDON TOWER
LINK CONSTRUCTION
JAN '04 - DEC '05

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COMPLETE & ACTIVATE GREENHOUSE TOWER (+300 BEDS)

MOVE FENCE

SET UP CONSTRUCTION YARD
AND DEMOLITION PLANT

VACATE CLARENDON HALL, MOVE PATIENTS

TO GREENHOUSE TOWER

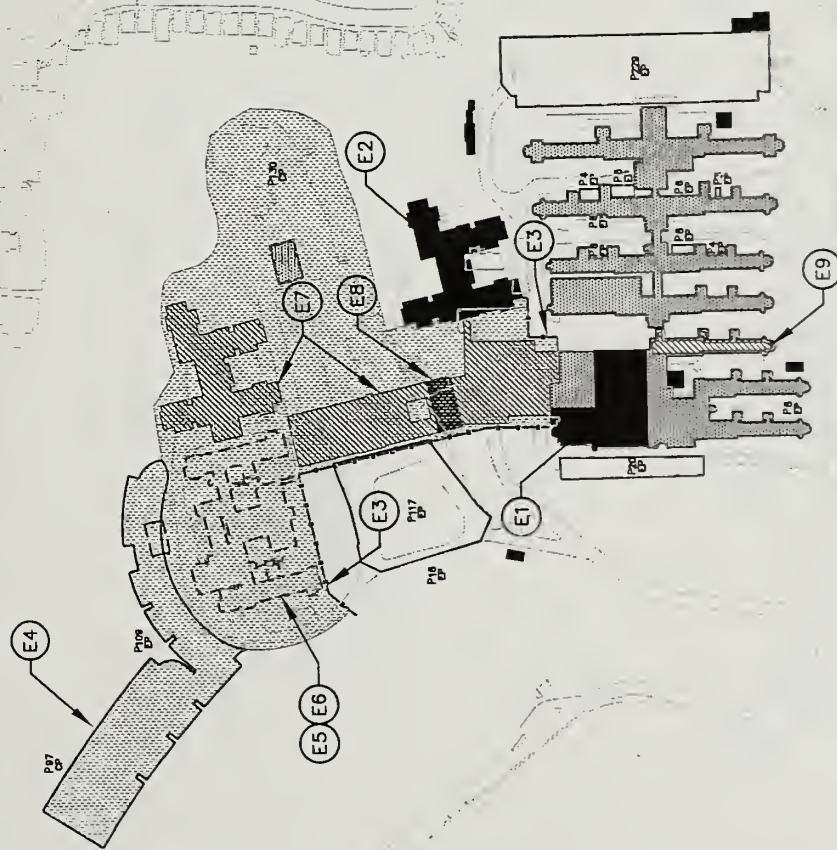
DEMOLISH CLARENDON HALL (~162 BEDS)
ALONG WITH TEMPORARY GENERATOR & FUEL TANK

CONTINUE CLARENDON EAST & LINK BUILDINGS

COMPLETE AND ACTIVATE ELECTRICAL PLANT

VACATE C2 (~26 BEDS),

MOVE PATIENTS TO GREENHOUSE TOWER



TOTAL 769 PARKING SPACES:

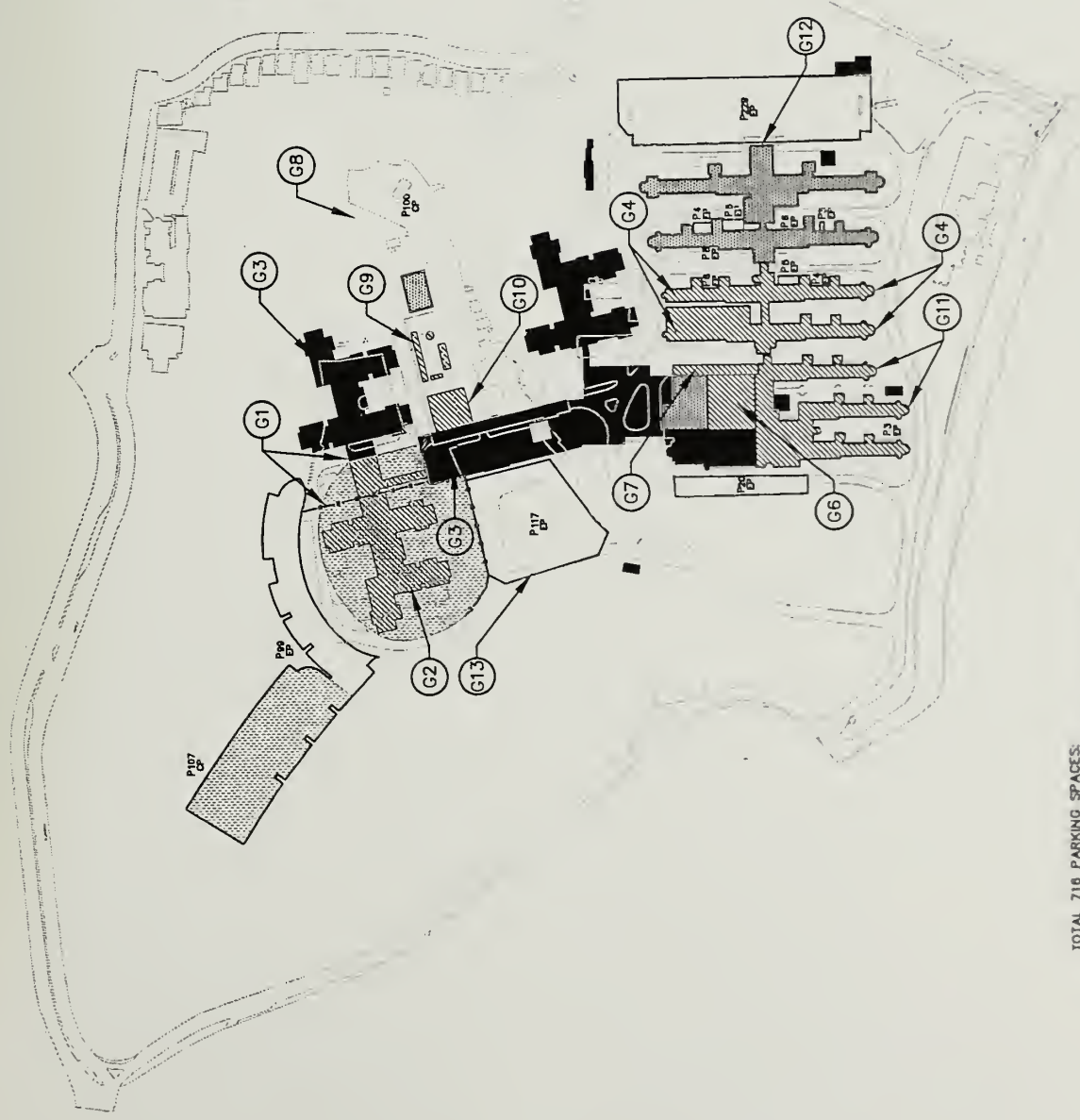
542 EMPLOYEES AND 227 CONTRACTORS PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE

PHASE F

ACTIVATION OF GREENHOUSE TOWER
JAN '06 - OCT '06

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- G1 AND PEDESTRIAN ACCESS TO EAST CLARENDON TOWER
- G2 START CLARENDON WEST BUILDING
- G3 COMPLETE & ACTIVATE CLARENDON EAST (+42D BEDS) & LINK BUILDING (+50 BEDS)
- G4 VACATE WINGS O, E, F & G (-485 BEDS)
- G5 MOVE PATIENTS TO CLARENDON EAST AND LINK BUILDINGS
- G6 NOT USED
- G7 MODIFY MATERIALS MANAGEMENT AT H2, FOODSERVICE ADMIN. AND NURSING ADMIN. AT H3
- G8 REGRADE TRUCK COURT AND BUILD LOADING DOCK. RELOCATE AND LOWER UTILITIES FOR FUTURE DRIVEWAY
- G9 RELANDSCAPE EAST VALLEY
- G10 BUILD GREENHOUSE & FARM
- G11 START REHAB ADDITIVE ALTERNATE
- G12 REMODEL RETAINING WARDS OF MAIN HOSPITAL BUILDING
- G13 DEVELOP TEMPORARY SERVICE ENTRY
- G14 RELANDSCAPE WEST VALLEY PARKING AND ENTRY



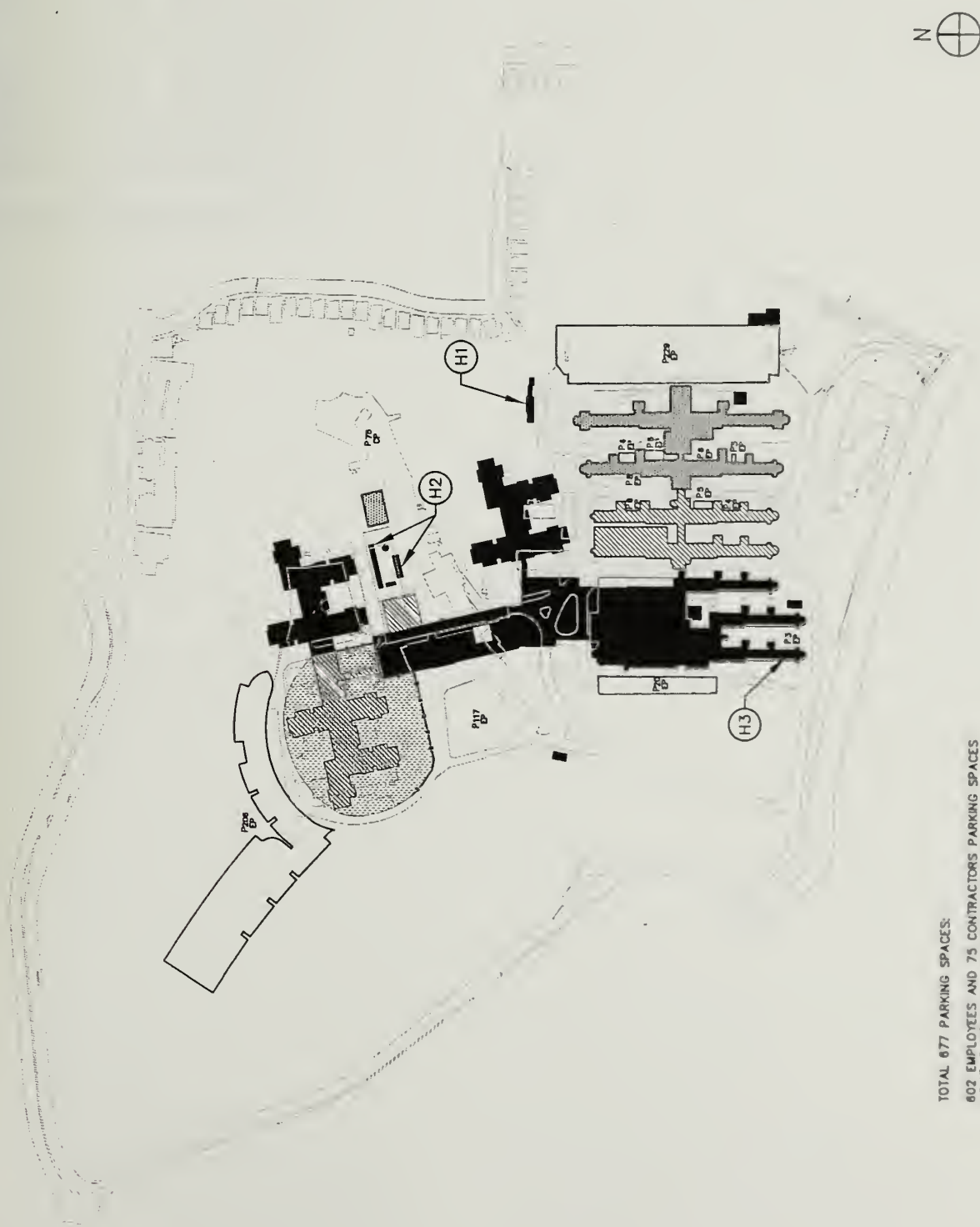
TOTAL 716 PARKING SPACES:
509 EMPLOYEES AND 207 CONTRACTORS PARKING SPACES
AS IT IS INDICATED ON THE MAP ABOVE

PHASE G

ACTIVATE EAST CLARENDON TOWER & LINK
REMODEL MAIN HOSPITAL
NOV '06 - DEC '08

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- (H1) DEACTIVATE EMERGENCY POWER STATION
- (H2) COMPLETE & ACTIVATE FARM & GREENHOUSE BUILDINGS
- (H3) COMPLETE MAIN BUILDING REMODELING PROJECTS



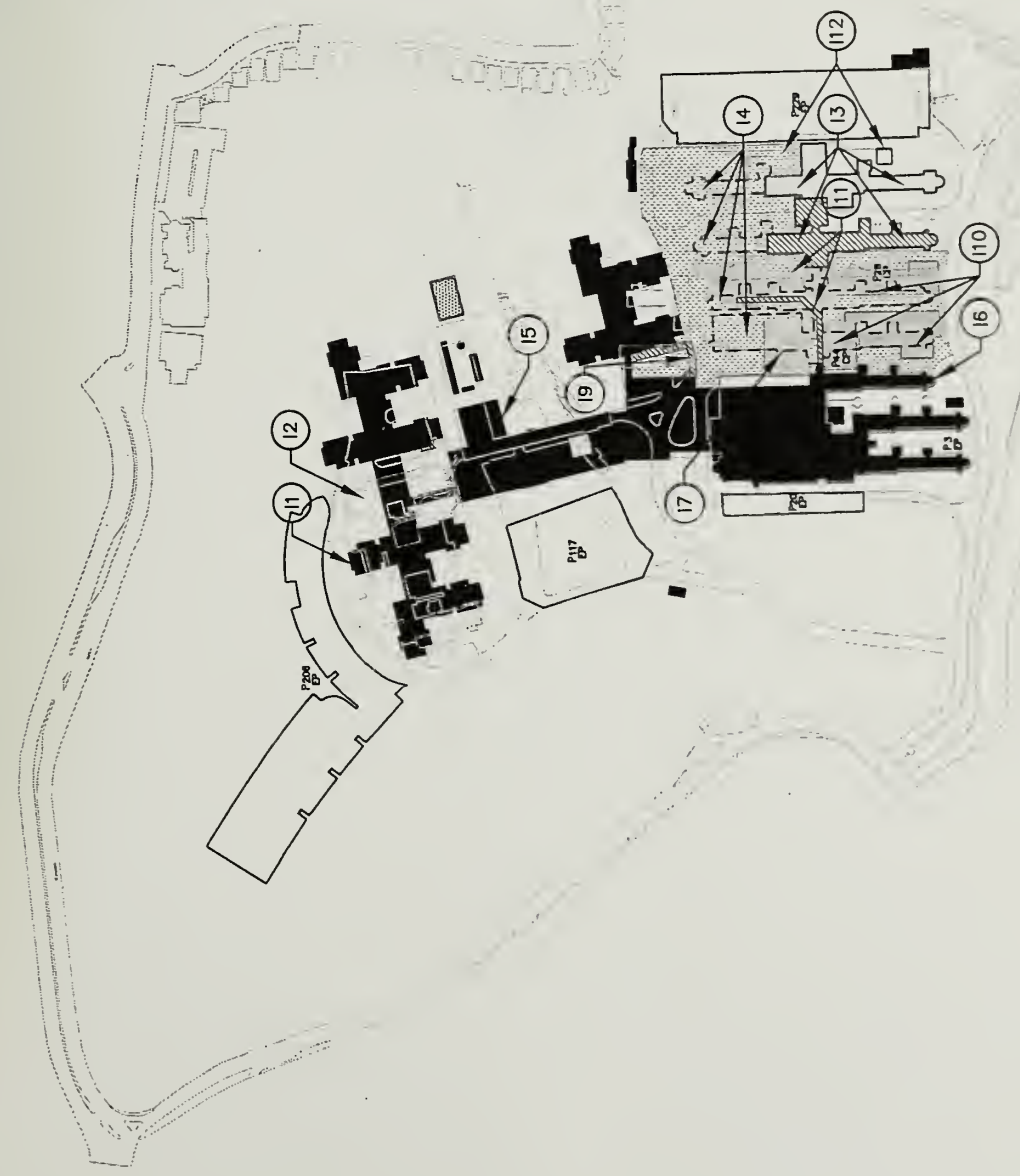
TOTAL 677 PARKING SPACES:
 602 EMPLOYEES AND 75 CONTRACTORS PARKING SPACES
 AS IT IS INDICATED ON THE MAP ABOVE

PHASE H

NEW ACCESS TO LOADING DOCK
 FINISH REMODELING OF MAIN HOSPITAL
 JAN '06 - OCT '08

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- 11 WEST BUILDING (+420 BEDS)
- 12 BUILD A NEW LOADING DOCK AT CLARENDON TOWERS
- 13 VACATE WINGS K, L, M & O (-435 BEDS)
- 14 MOVE PATIENTS TO CLARENDON TOWERS
- 15 DEMOLISH WINGS O, E, G, F AND NOTHERN PORTION OF WINGS L & O
- 16 COMPLETE AND ACTIVATE REHAB ADDITIVE ALTERNATE
- 17 RELOCATE ENGINEERING SHOPS TO WING C2
- 18 REMODEL & ACTIVATE SOUTHERN PART OF MAIN LOADING DOCK, BUILD NEW LOADING DOCK ACCESS ROAD
- 19 NOT USED
- 110 COMPLETE CONNECTOR BETWEEN LINK BUILDING & GREENHOUSE TOWER
- 111 INCREASE QUANTITY OF PARKING SPACES BETWEEN WINGS C & K
- 112 BUILD DROP-OFF ZONE AND PEDESTRIAN BRIDGE FOR FUTURE ASSISTED LIVING
- DEMOLISH INTERIM GREENHOUSE & FARM



TOTAL 647 PARKING SPACES:
 575 EMPLOYEES AND 72 CONTRACTORS PARKING SPACES
 AS IT IS INDICATED ON THE MAP ABOVE

PHASE I

ACTIVATE WEST CLARENDON TOWER
 MAIN HOSPITAL PLAZA
 OCT '08

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- OF MAIN LOADING DOCK AT NORTH
- RECOMMISSION BUILDING AS
- GARDENER'S HEADQUARTERS
- BUILD NEW EAST PARKING
- BUILD ASSISTED LIVING AND CHILDCARE CENTER

- J1
- J2
- J3
- J4



TOTAL 855 PAVED PARKING SPACES
AT THE CONCLUSION OF THIS PHASE
AS IT IS INDICATED ON THE MAP ABOVE

PHASE J

MAIN HOSPITAL EAST
CHILDCARE CENTER/ ASSISTED LIVING

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Planning Commission Public Hearing Transcript



66 Vasquez Ave.
San Francisco, CA. 94127
January 14, 2002

S.F. Planning Commission
Attn: Environmental Review Officer
1660 Mission St. Suite 500
San Francisco, CA. 94103

Dear Mr. Paul Maltzer:

I am writing in regard to the demolition and replacement of some of the existing facilities at Laguna Honda Hospital. It is Planning Department Case No. 2000.005E.

I live at the corner of Laguna Honda Blvd. and Vasquez Ave. I am a very concerned neighbor.

My concern is deep because the Planning Department and the Environmental Impact reports have lost credibility when it comes to City owned property.

I present my case:

When the new 911 Center was built at 1003 Turk St. neighbors were assured by the building permit that there would be 71 on site, employee, parking spaces. (*Fact of the matter*) **ONLY 43 ON SITE PARKING SPACES PROVIDED!** The Director of the 911 Center testified to this figure before the *Transportation and land Use Committee* last year.

The EIR stated that there would be a maximum of 45 employees per shift. (*Fact of the matter*) **THE DAY SHIFT HAS BETWEEN 100 AND 120 EMPLOYEES ON PREMISES!**

87
EIR stated that there would be no significant increase in parking demand as a result of the 71 on site parking spaces. The then director of the project, Mr. Ralph Jacobsen, assured the neighbors in writing "There should be little, if any, employee parking on the street." (*Fact of the matter*) **THE VERY DAY THE 911 CENTER OPENED, THE LENGTH OF THREE FOOTBALL FIELDS, 875 FEET OF CURB SPACE WAS RED ZONED FOR EMPLOYEE PARKING AND TWO YEARS LATER IS STILL THERE!**

On May 15, 2000 I filed a formal complaint with the S.F. Planning Department addressed to Mr. Green, rightfully claiming that the building permit at the 911 Center had been violated. Within a month I received a form letter that the Planning Department was on the case but I would have to wait my turn. This was the last correspondence I received from them

On June 12, 2001 I wrote to Mr. Green requesting where my complaint stood after 13 months. **NO REPLY.**

On October 10, 2001 I wrote Mr. Green requesting information as to where my complaint stood after 17 months. **NO REPLY**

Hopefully you are able to see why the Planning Department and EIR's have lost credibility when it comes to City owned property. The Building Permits are not enforced. The EIR misleads citizens. The complaint process by citizens has been stonewalled by the Director of the Planning Department himself, Mr. Green.

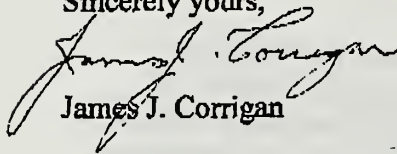
87
Perhaps you think this is an isolated case? It is not.

When the San Francisco Fire Department remodeled a building at 2nd and Townsend St. for their new Headquarters, they received a legitimate parking variance. It was a historical building and they could only provide 19 of the 41 legally required on site employee parking spots. The basis for the granting of the Variance was that the Fire Department would have a 53 car parking lot located on property they owned off of Third St. A shuttle would operate between there and Headquarters thereby eliminating increased parking in the area. They did not institute the shuttle. Instead, they went to the Board of Supervisors and received 400 feet of red zoned curb space around their new building.

Until my formal complaint with the Planning Department is addressed and dealt with, the EIR for Laguna Honda hospital should be considered merely fiction in relationship to the truth.

The attachments should make it quite clear that what I have written is not fiction.

Sincerely yours,


James J. Corrigan

**S.F. Planning Department
1660 Mission St.
San Francisco, CA. 94103**

This is a formal complaint against the City of San Francisco for non-compliance with the terms of the Building Permit issued for the construction of the new 911 Center at Turk and Laguna Sts. One of the violations is non-compliance with the number of off-street parking spaces. The 911 Center was to provide 71 parking spaces per the Permit. They have supplied only 60% of that figure. Neighborhood parking has now been severely impacted because 870 feet of curb space on Turk St. has been red zoned, set aside for permit parking.

I include the attached letter to the Board of Supervisors. It designates, among others, the Planning Commission's manipulation of neighborhood groups and their impotence in enforcing violations of the Planning Code.

Sincerely yours,

James J. Corrigan

cc: Mr. Bressanutti
Mayor Brown
Transportation and Land Use Committee

66 Vasquez Ave.
San Francisco, CA. 94127
June 12, 2001

S.F. Planning Department
1660 Mission St.
San Francisco, CA. 94103

Dear Mr. Green:

On May 15, 2000 I wrote to you with a formal complaint of non-compliance with the Building Permit obtained by the new 911 Center at Turk & Laguna Sts.

Specifically, I cited that the 71 on site parking spaces designated in the permit were not provided when the building was constructed.

In fact, at an April *Transportation and Land Use Committee* at which the 911 Center tried to grab another three hundred feet of curb space to the already 875 feet they red zoned last year, their representative admitted to Supervisor McGoldrick that there were only 43 on site parking spaces.

We know the 911 Center failed to provide 40% of the agreed upon parking spaces.

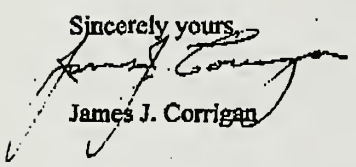
We know what impact this failure to comply has had on the neighborhood-almost the length of three football fields have been red zoned for employee parking on Turk St.

I would hope the City Planning Department requires from City Buildings the same adherence to the Planning Code that it requires of others.

Please notify me where my complaint stands after 13 months.

Thank you for your time and consideration to my complaint.

Sincerely yours,


James J. Corrigan

66 Vasquez Ave.
San Francisco, CA. 94127
Oct. 10, 2001

S.F. Planning Department
1660 Mission St.
San Francisco, CA. 94103

Dear Mr. Green:

On May 15, 2000 I wrote to you with a formal complaint of non-compliance with the Building Permit obtained by the new 911 Center at Turk & Laguna Sts.

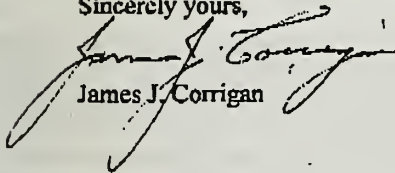
Specifically, I cited that the 71 on site parking spaces designated in the permit were not provided when the building was constructed.

On June 12, 2001 I wrote to you (see attached) requesting an update on the progress of my complaint. I received no response from your office.

Please notify me in writing where my complaint stands after 17 months.

Thank you for your time and consideration to my complaint.

Sincerely yours,



James J. Corrigan

NEGATIVE DECLARATION

911 Center

Date of Publication of
Preliminary Negative Declaration: November 4, 1994

Lead Agency: City and County of San Francisco, Department of City Planning
1660 Mission Street, San Francisco, CA 94103
Agency Contact Person: Carol Roos Telephone: (415) 558-6389

Project Title: 94.273E: 911 Center

Project Sponsor: Office of the Chief
Administrative Officer
Project Contact Person: Ralph Jacobson
Telephone No.: (415) 554-4847

Project Address: 1003 Turk Street, in Jefferson Square
Assessor's Block(s) and Lot(s): A portion of A/B 759, Lot 1

City and County: San Francisco

Project Description: Construction of a two-story building (about 40 feet tall) containing about 35,600 sq.ft. of office space above a basement containing about 71 employee parking spaces. The facility would combine existing City emergency response dispatch services and would have several components, or functions: 1) Answer all 911 calls; 2) Dispatch appropriate fire, police, and/or other emergency response to 911 calls; 3) Dispatch traffic control assistance (Department of Parking and Traffic [DPT]) for major accidents, marathons, or parades; and 4) Emergency operations: serve as the City Emergency Command Center (ECC) during a major disaster. The facility would also serve as the office of the City's OES (Office of Emergency Services). Following construction of the new facility, the adjacent existing buildings containing the OES/ECC and Central Fire Alarm Station would be demolished after their functions were moved to the new building. Existing basketball and volleyball courts would be affected as they would become the construction site of the new facility, and interim courts would be provided during the construction period. New courts would be provided on the site of the existing Central Fire Alarm Station and OES/ECC, adjacent to the new site, after project completion.

Building Permit Application Number, if Applicable: None yet.

THIS PROJECT COULD NOT HAVE A SIGNIFICANT EFFECT ON THE ENVIRONMENT. This finding is based upon the criteria of the Guidelines of the State Secretary for Resources, Sections 15064 (Determining Significant Effect), 15065 (Mandatory Findings of Significance) and 15070 (Decision to Prepare a Negative Declaration), and the following reasons as documented in the Initial Evaluation (Initial Study) for the project, which is attached:

-Over-

Mitigation measures, if any, included in this project to avoid potentially significant effects:
See p. 14

Final Negative Declaration adopted and Issued on November 29, 1994
In the independent judgement of the Department of City Planning, there is no substantial evidence that the project could have a significant effect on the environment.

Barbara W. Sahm

BARBARA W. SAHM
Environmental Review Officer

cc: FND Distribution List
Bulletin Board
Master Decision File



OFFICE OF

CHIEF ADMINISTRATIVE OFFICER

RUDOLF NOTHENBERG
CHIEF ADMINISTRATIVE OFFICER

August 16, 1994

289 CITY HALL
SAN FRANCISCO
CALIFORNIA 94102
415/554-4851

Mark Pope
Pam Dannenberg
Mary Louise Frenchman
St. Paulus/San Francisco Organizing Project
950 Gough Street
San Francisco, California 94102

Dear Mr. Pope, Ms. Dannenberg and Ms. Frenchman:

Thank you for your letter of July 22, 1994, concerning the proposed 9-1-1 dispatch center. In it you made four requests that I shall attempt to address. First, you asked if all of the 9-1-1 dispatch center could be placed on the south side of Turk Street rather than on the north side. This is what we are proposing. We are asking the Recreation and Park Department if it is feasible to locate the interim basketball or tennis courts on the north side of Turk, in the park in Jefferson Square. We are also investigating the possibility of staging the construction off site. These actions would allow us to preserve the playing field south of the current Central Fire Alarm Station, but would temporarily take away open park lands.

Second, you requested that all employee parking be placed underground. We are proposing to provide off street, underground employee parking. There should be little, if any employee parking on the street. In addition, we are looking into the additional costs of placing the entire structure under ground so as to minimize its impact.

Third, you asked that we consider placing this building at another site. Your preference was that the site not be park land. This is a decision that would have to be made by the Mayor and the Board of Supervisors. On May 27, 1994, the Mayor and eleven members of the Board of Supervisors passed a resolution instructing us to build the 9-1-1 dispatch center in the Jefferson Square area on the south side of Turk Street.

Fourth, you asked that Jefferson Park be made a permanent green open space. It is my understanding that a charter amendment would be needed to make this part of Jefferson Square a permanent green open space.

Thank you for your interest in this project and the input you have provided. When I find out more about the possibility of off-site staging and putting the building underground, I shall send you another letter.

Sincerely,

Ralph Jacobson

Ralph Jacobson
9-1-1 Project Manager

SUBJECT DESCRIPTION AND SETTING

The project would construct a new integrated emergency services communications, dispatch and 911 response facility and emergency command center for the City and County of San Francisco, and demolish the existing two buildings comprising the City Central Fire Alarm Station and Interim Emergency Command Center. The project would provide integrated emergency services communications, dispatch and 911 response services in about 35,600 gross sq.ft. of space; a 25,700-sq.-ft. basement would include about 71 employee parking spaces, with primary parking access on Turk Street and secondary access from the Octavia Street right-of-way. The net change in built area (excluding parking) in Jefferson Square would be about 21,785 sq.ft. (35,600 sq.ft. proposed - 13,515 sq.ft. existing facility = 22,085 sq.ft.). When the project is operational, the existing buildings would be demolished and their site returned to park use, so the park area lost for the new facility would be replaced at the old site.

In June 1994, San Francisco voters approved the funding for this 911 facility. The Board of Supervisors, in May 1994, identified the preferred site for the new 911 Center for purposes of further study and environmental review as "in Jefferson Square on the South side of Turk Street as close as is practical to the existing center." The project would consolidate City dispatch and emergency communications services, now performed at various locations in the City, under one roof. (Please see Figure 1, p. 3.)

The functions of the 911 Center would include four main components: 1) all 911 calls would be answered here instead of at the Hall of Justice, the current 911 response center; 2) the appropriate emergency response would be dispatched from the facility including fire, police and other emergency personnel; 3) the project would serve as the City Emergency Command Center, the center of emergency operations during a major disaster such as a major earthquake; and 4) the Department of Parking and Traffic (DPT) dispatch for major traffic control would be located here and would dispatch units for traffic control for major events affecting City traffic. In the future, ambulances may be dispatched from the center. All dispatch would be electronic only. That is, no fire, police ambulance or other similar vehicles or equipment would be located at the facility. A Recreation and Park storage area now located at the existing facility would be accommodated in the new center.

In the absence of a major Citywide emergency, the project would be used as office space for the dispatchers noted above, Office of Emergency Services personnel, and associated telecommunications and computer personnel. There are expected to be a maximum of about 45 employees at the facility per shift.

The proposed structure and parking lot would be built in the portion of Jefferson Square containing basketball and volleyball courts and a surface parking lot, directly west of the existing Central Fire Alarm Station building and Interim Emergency Command Center. An existing approximately 100-ft.-tall tower in the parking lot would be replaced with a taller, approximately 20-ft.-tall metal structures for antennas, on the roof of the new building for antennas. (Figures 2 and 3, p. 4 and p. 5 show existing and proposed site plans.)

The approximately 36,000-sq.-ft. site includes the total area of the proposed new facility and that of the existing Central Fire Alarm Station and Interim Emergency Command Center buildings. Both existing buildings would remain in operation until the new facility became operational, when they would be demolished. The basketball and volleyball courts displaced by the new 911 Center would be relocated on the site where the two existing buildings would be demolished, and that land would be returned to the jurisdiction of the Recreation and Park Department. The resulting project site of the 911 Center would be about 193.75' x 113.25' = 21,942 sq.ft. The remainder of the block, abutting the site on the east, south and west, is the Margaret S. Hayward Playground bounded by Turk, Gough, Laguna Streets, and Golden Gate Avenue. On the north is the site's main frontage on Turk Street. The site and the Playground are part of Jefferson Square which also includes open space to the north of the site across Turk Street, extending to Eddy Street and bounded by Gough, Laguna and Turk Streets. Figure 4, p. 6, shows the massing of the proposed project.

City Charter (1898) authorizes the Board of Supervisors to designate land in Jefferson Square for such a purpose. The project proposes, and this block of Jefferson Square has historically been used for such purpose, primarily over the area as the location of the Central Fire Alarm System for the City and, more recently, the Emergency Command Center. In May 1914, the Board of Supervisors set aside a 100-ft. by 100-ft. area on this block, along the south side of Turk Street, for a Central station for the Fire Alarm and Police Telegraph and Telephone System, and in the same year created an additional 30-ft. by 100-ft. area for that use. (Ordinances Nos. 2732 and 2749). The whole of Jefferson Square is under the jurisdiction of the Recreation and Park Department. An area of 18,810 sq.ft. of the Playground has been under the control and management of the Department of Electricity (now Department of Electricity and Telecommunications, or DET) since 1914, when the Board of Supervisors authorized the establishment of the Central Fire Alarm Station in Jefferson Square. In January 1988, the Board extended the area under the control and management of the DET to include the additional land to the east of the Central Fire Alarm Station which contains the Emergency Command Center. In January 1988, the Board increased the size of this area to 164'-9" x 113'-3" (Ordinance 7-88), and in April 1991 increased it to 193'-9" x 113'-3", or about 21,942 sq.ft.

Regarding zoning, the site is in a P (Public) use district. Permitted uses under the City Planning Code (Section 234.1) include public structures and uses of the City and County of San Francisco and other government agencies subject to the City Planning Code "when in conformity with the Master Plan". The project would be a principal permitted use in its district. The site is in an OS (Open Space) height and bulk district. In this district, "the height and bulk of buildings and structures shall be determined in accordance with the objectives, principles and policies of the Master Plan, and no building or structure or addition thereto shall be permitted unless in conformity with the Master Plan. The inclusion of land in Open Space Districts is intended to indicate its principal or exclusive purpose as open space, with future development of any character strictly limited." (City Planning Code Section 290). Because of its location in a P district and an OS district, the project must be considered by the City Planning Department to determine its conformity with the Master Plan.

the project would be managed and administered by the Bureau of Architecture and the Department of Public Works. Construction would be performed by a private contractor. Because the project would involve construction on City property, it would be reviewed by the Art Commission. The Board of Supervisors would need to reallocate the land area of about 21,942 sq.ft. for the new facility and return the approximately 21,942 sq.ft. site of the existing facilities to the jurisdiction of the Recreation and Park Department. That is, there would be a one-for-one land exchange for the project. The project would require approval from the Recreation and Park Commission for location of interim basketball and volley ball courts in the southern block of Jefferson Square, to permanently relocate these courts on the site of the current facilities once those facilities are demolished, and for an easement to access and occupy basement area

each the courts for parking, parking access, fire alarm box wiring terminus in the current CFAS basement, part of which would remain in order to keep the call box wiring intact. (A portion of the Interim ECC basement would also remain and would be used as storage space by Recreation and Park to replace such space displaced by the project.) The project would be funded by Certificates of Participation approved by the voters June 1994 as noted above. Project architects are Heller and Leake, Levy Design Partners, and Finger and Moy, Inc.

ENVIRONMENTAL IMPACTS

The project would replace existing facilities on the site totalling about 13,515 sq.ft. with facilities totalling about 35,600 sq.ft. increasing the size of the facility by about 22,085 sq.ft. Additionally, 25,700 sq.ft. of parking would be provided in basement level (about 71 spaces). The area to be built on would essentially equal the area on which existing buildings would be demolished (about 21,942 sq.ft. for each), that is, the development site would be equal to the demolition site. The basketball and volleyball courts would be replaced on a sq.ft. per sq.ft. or one-for-one basis. The project would intensify the current land use of the site for emergency response and major emergency services. It would result in a change of use, or in a substantial change in the existing character of Jefferson Square or of the project vicinity.

The project would increase the scale of the buildings on the site, replacing the CFAS building and ECC, essentially one-story structures, with a building that would be about 40 feet tall, or less, with two floors on the Turk Street frontage. (See Figure 4, p. 6.) Because the site slopes down to the south the rear facade would appear as three floors from Olden Gate Avenue. The project would be a building in the midst of open space. It would fall within the range of development heights in the project area (from about one to thirteen stories), and the pattern of development which includes some Recreation and Park structures and the CFAS and Interim ECC on the Margaret Hayward Playground northern half of Jefferson Square. Some concern has been expressed about the design of the project, which is in the early design phase. The design of the building is not an environmental issue per se, and would be appropriately addressed as part of the Master Plan Referral process. Views, including public views are available from the site and across the site from the surrounding area. The project would be more visible than existing structures because it would be larger. It would be seen as one of several structures on this block of Jefferson Square, and would occupy a relatively small area within the two-square-block park. In view of the above, the project would not result in a significant impact on visual quality.

There would be a maximum of about 45 employees on the site during each work shift, selected from a total employee pool of about 200. More people could be on the site briefly during shift changes. For comparison, there are about 17 employees per shift on the site now, selected from an employee pool of about 43. During a Citywide emergency, more personnel would be on site, although the exact number cannot be predicted. These people would be on the site on a temporary basis, during the emergency period. The project would increase the population on the site. While potentially noticeable to immediately adjacent neighbors, this increase would not substantially increase the existing area-wide population.

Traffic impacts associated with the project would not be significant relative to the existing capacity of the surrounding street system. Because of the limited number of new employees which would be located at the site on an everyday basis, the change in area traffic as a result of the project would be undetectable to drivers. The project impact on area parking availability would also not be substantial. During a major emergency, substantially more people would be located at the site. During such an emergency it is likely, however, that commuting and transportation patterns would be dramatically affected, and that the entire City transportation system would be substantially disrupted. It is not possible to predict or quantify the impact of additional people in the area under such a circumstance. However, in the context of the traffic conditions likely to be experienced during a major emergency (such as a major earthquake), any traffic generated by City employees and others using the Emergency Command Center would not be substantial.

cern has been expressed about construction staging for the project and possible related interference with children's other activities at Jefferson Square. In response to this concern, the project staging plan was changed as follows. The project construction staging area would be on Turk Street, between Gough and Laguna Streets, not on Jefferson as previously planned. During the approximately 18-month construction period, the two parking lanes on this street would be eliminated. Two traffic lanes would remain open. Elimination of the parking lanes would cause parkers such as Civic Center employees parking in the area to park farther from their destination or to shift to another mode of travel, and could be an inconvenience for residents of the area. This effect would not be substantial and would be temporary, limited to the construction period.

The project sponsor and construction contractor(s) would meet with the Traffic Engineering Division of the Department of Parking and Traffic, the Fire Department, and Muni (if appropriate) to determine feasible measures to reduce potential traffic congestion and pedestrian circulation impacts during construction of this project and other nearby projects that are planned for construction or which later become known to manage construction traffic and lane closures and minimize construction impacts of the project on pedestrian and vehicle circulation to have the least effect on City traffic during commute hours.

The project would not serve the public directly, and all persons at the site would therefore be employees. The project could include a total of about 71 employee parking spaces, (Planning Code Section 150). Because the required number of parking spaces would exceed the number of employees per shift during normal operation, some overlap at times of shift changes could be accommodated on site. The project would meet its parking requirement. While area parking is generally occupied during the day, the project would accommodate its parking demand on the site.

Nearby transit lines in the area include primarily the Muni 31-Balboa which runs on Eddy about one block from the site with stops at Laguna and Gough and the 5-McAllister about two blocks from the site, also with stops at Gough and Laguna Streets. The increase in transit demand associated with the project would not noticeably affect transit service in the area.

An approximate doubling of traffic volumes in the area would be necessary to produce an increase in ambient noise levels noticeable to most people. The project would not cause a doubling in traffic volumes and therefore would not cause a noticeable increase in the ambient noise level in the project vicinity.

During construction, powered equipment other than impact tools would have to comply with the San Francisco Noise Ordinance (Section 2907b) requirement of a sound level of not more than 80 dBA at 100 ft. Any impact tools and equipment would have intake and exhaust mufflers, and jackhammers would be equipped with acoustically attenuating shields or shrouds recommended by the manufacturers and approved by the Director of Public Works as required by Section 2907c of the San Francisco Noise Ordinance. Construction activities would generally occur between the hours of 7 am and 5 pm. No construction activity would occur during the hours of 8 pm and 7 am that would cause the noise level to exceed the ambient noise level by 5 dBA at the nearest property line without a special permit from the Director of Public Works. No nighttime construction is planned. Construction impacts would comply with the noise ordinance, and would be limited in duration. Therefore, they would not be substantial.

Demolition and construction activity would temporarily raise dust levels in the area, but not to a level that would have significant impacts upon air quality. (Please see Mitigation Measure No.2, p. 14-15.)

The Bay Area Air Quality Management District (BAAQMD) has established thresholds for projects requiring its review or potential air quality impacts. These thresholds are based on the minimum size projects which the District considers capable of producing air quality problems. The project would not exceed this minimum standard. Therefore, no significant air quality impacts would be generated by the proposal.

The proposed project would add new shade to portions of the subject site as well as to surrounding properties. The project would not exceed 40 feet in height as measured by the Planning Code, and the proposal would therefore not be

NOTICE OF DETERMINATION

X County Clerk, City and County of San Francisco
875 Stevenson Street, Room 100
San Francisco CA 94102

Pursuant to the California Environmental Quality Act (CEQA), the Guidelines of the Secretary for Resources and San Francisco requirements, this Notice of Determination is transmitted to you for filing. At the end of the posting period, please return this Notice to the Contact Person with a notation of the period it was posted.

File Number and Project Title: 94.273E: 911 Center
Address: 1003 Turk Street, In Jefferson Square.

Project Description: Construction of a two-story building (about 40 ft. tall) with about 35,600 sq.ft. of office space above a basement containing about 58 employee parking spaces. The facility would combine City emergency response dispatch services including: 1) Answer all 911 calls; 2) Dispatch fire, police, and/or other emergency response to 911 calls; 3) Dispatch traffic control assistance (Department of Parking and traffic, DPT) for major accidents, marathons, or parades; and 4) Emergency operations: serve as the City Emergency Command Center (ECC) during a major disaster. The facility would also serve as the office of the City's Office of Emergency Services (OES). Following completion, the two adjacent buildings now housing the OES/ECC and Central Fire Alarm Station would be demolished.

Lead Agency: City and County of San Francisco, Department of City Planning,
1660 Mission Street, San Francisco CA 94103-2414

Contact Person: Carol Roos Telephone: (415) 558- 6389
Project Applicant: Office of the City Administrator

The City and County of San Francisco issued a building permit based on permit Application Nos. 09617032 issued on _____ Permit and construction documents may be examined at:
X Central Permit Bureau, 1660 Mission Street, San Francisco, CA 94103
_ Board of Permit Appeals, 875 Stevenson Street, Room 440, San Francisco, CA 94103.

1. An environmental document has been prepared pursuant to the provisions of CEQA, as noted below. It is available to the public and may be examined at the Office of Environmental Review at the above address.
- Certificate of Exemption
 - X Negative Declaration
 - Environmental Impact Report
 - Supplemental Environmental Impact Report
2. A determination has been made that the project in its approved form
- X will not have a significant effect on the environment.
 - will have a significant effect on the environment and findings were made pursuant to Section 15091 and a statement of overriding considerations was adopted.
3. Mitigation Measures X were were not made a condition of approval.

Sincerely,
Gerald G. Green
Director of Planning

Paul S. Deutsch / s
by Hillary Gitelman
Environmental Review Officer

Sincerely,

Frank Chiu, Director
Department of Building Inspection

cc: Sue C. Hester 870 Market St. #1121, San Francisco CA 94102
Ann Simon, Environmental Law Community Clinic, 3122 Shattuck Avenue, Berkeley, CA 94705
Project Sponsor: Deborah Vincent-James, E-911 Project, Office of the City Administrator, 875 Stevenson Street, 5th Floor, San Francisco, CA 94103

ER

A. <u>COMPATIBILITY WITH EXISTING ZONING AND PLANS</u>	<u>Not</u> <u>Applicable</u> <u>Discussed</u>
--	--

- Not
Applicable Discussed

- | | |
|-----|-----|
| — | — ✓ |
| ✓ — | — |

1) <u>Land Use</u>	<u>YES</u>	<u>NO</u>	<u>DISCUSSED</u>
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YES NO DISCUSSED

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✓ ✓

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- | Category | Yes | No |
|---|-------------------------------------|--------------------------|
| 1. Is the project feasible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the project profitable? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the project socially responsible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the project environmentally friendly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the project culturally sensitive? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the project economically viable? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the project politically sound? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the project legally compliant? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the project ethically sound? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Is the project sustainable? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

✓ ✓

- — — — —

YES NO DISCUSSED

10) Water

- * (a) Substantially degrade water quality, or contaminate a public water supply?
- * (b) Substantially degrade or deplete ground water resources, or interfere substantially with ground water recharge?
- * (c) Cause substantial flooding, erosion or siltation?

— — —
— ✓ —
— ✓ —

11) Energy/Natural Resources

- * (a) Encourage activities which result in the use of large amounts of fuel, water, or energy, or use these in a wasteful manner?
- (b) Have a substantial effect on the potential use, extraction, or depletion of a natural resource?

— ✓ —
— ✓ —

12) Hazards

- * (a) Create a potential public health hazard or involve the use, production or disposal of materials which pose a hazard to people or animal or plant populations in the area affected?
- * (b) Interfere with emergency response plans or emergency evacuation plans?
- (c) Create a potentially substantial fire hazard?

— ✓ ✓
— ✓ —
— ✓ —

13) Cultural

- * (a) Disrupt or adversely affect a prehistoric or historic archaeological site or a property of historic or cultural significance to a community or ethnic or social group; or a paleontological site except as a part of a scientific study?
- (b) Conflict with established recreational, educational, religious or scientific uses of the area?
- (c) Conflict with the preservation of buildings subject to the provisions of Article 10 or Article 11 of the City Planning Code?

— ✓ ✓
— ✓ —
— ✓ ✓

C. OTHER

YES NO DISCUSSED

Require approval and/or permits from City Departments other than Department of City Planning or Bureau of Building Inspection, or from Regional, State or Federal Agencies?

✓ — ✓

D. MITIGATION MEASURES

YES NO N/A DISCUSSED

- 1) Could the project have significant effects if mitigation measures are not included in the project?
- 2) Are all mitigation measures necessary to eliminate significant effects included in the project?

✓ — — —
✓ — — —



MANDATORY FINDINGS OF SIGNIFICANCE

YES NO DISCUSSED

- *1) Does the project have the potential to degrade the quality of the environment, substantially reduce the habitat of a fish or wildlife species, cause a fish or wildlife population to drop below self-sustaining levels, threaten to eliminate a plant or animal community, reduce the number or restrict the range of a rare or endangered plant or animal, or eliminate important examples of the major periods of California history or pre-history?
- *2) Does the project have the potential to achieve short-term, to the disadvantage of long-term, environmental goals?
- *3) Does the project have possible environmental effects which are individually limited, but cumulatively considerable? (Analyze in the light of past projects, other current projects, and probable future projects.)
- *4) Would the project cause substantial adverse effects on human beings, either directly or indirectly?

— ✓ —
— ✓ —
— ✓ —
— ✓ —

ON THE BASIS OF THIS INITIAL STUDY

— I find the proposed project COULD NOT have a significant effect on the environment, and a NEGATIVE DECLARATION will be prepared by the Department of City Planning.

— I find that although the proposed project could have a significant effect on the environment, there WILL NOT be a significant effect in this case because the mitigation measures, numbers 1-2, in the discussion have been included as part of the proposed project. A NEGATIVE DECLARATION will be prepared.

— I find that the proposed project MAY have a significant effect on the environment, and an ENVIRONMENTAL IMPACT REPORT is required.

Barbara W. Sahm

BARBARA W. SAHM
Environmental Review Officer
for

LUCIAN R. BLAZES
Director of Planning

DATE: 11/13/94

BWS:OER/23/4-13-92

CITY & COUNTY OF S.F.
DEPT OF CITY PLANNING

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San Francisco 9-1-1 Emergency Dispatch Center
Department of City Planning
Environmental Evaluation Application

I. Project Description

Category	Existing Uses	Existing Uses to be Retained	New Construction and/or Addition	Existing Space Converted to Other Use	TOTALS
Office Gross Square Footage (GSF)	13,295 sf		35,600 sf		35,600 sf
Retail GSF					
Residential GSF					
Other GSF - specify use	basketball, volleyball courts; 220 sf garage	basketball, volleyball courts	25,700 sf covered parking, incl. area below b'ball courts		25,700 sf
TOTAL GSF	13,515 sf		61,300 sf		61,300 sf
Dwelling Units					
Hotel Rms.					
Parking Spaces	18	0	71		71 spaces
Loading Spaces					
Height of Bldgs.	25' @ north side 33' @ south side		40' @ Turk Street*		
No. of stories	2		2 + basement		2 + basement
Site Size	36,000 sf***		36,000 sf***		36,000 sf***
No. of Bldgs.	3	basketball, volleyball courts	1		1
Structures to be demolished	CFAS; CFAS garage; ECC; basketball courts**				
Other features not described above					

* by Planning Code definition, not including exempted structures;

** The existing basketball / volleyball courts are to be demolished and replaced with new courts;
the ECC foundation/basement + the north half of CFAS foundation/basement are to be retained below
the new basketball / volleyball courts;

***During construction, the project site will encompass an area of 36,000 sf (318' x 113.25'), which
includes the CFAS + ECC site (21,942 sf) and the basketball and volleyball courts (14,058 sf);
At completion, the 9-1-1 Center site area will be 21,942 sf (193.75' x 113.25'), equal to the
present CFAS + ECC site area;
The other 14,058 sf will then be returned to the Recreation & Parks Department as new
basketball and volleyball courts;

Fire Dept.
2nd - Townsend

B

FINDINGS:

FINDING 1.

That there are exceptional or extraordinary circumstances applying to the property involved or to the intended use of the property that do not apply generally to other property or uses in the same class of district.

REQUIREMENT MET.

- o The facility currently has eighteen Fire Prevention Inspectors sharing eleven Fire Department vehicles. The existing facility has no off-street parking for the vehicles. The staff will increase to approximately 50 employees when the building become the headquarters for the Fire Department. The project sponsor proposes to provide 19 spaces within the building to serve the employees.
- o The subject building is listed by the Department of City Planning as a Contributory building within the South End Historic District, which means that the existing building has special character, and special architectural and historical interest and value. Therefore, any substantial alteration to the facade of the subject property would adversely affect its Contributory value. The renovation and conversion are mainly within the existing building envelope. Additional alterations necessary to accommodate additional parking spaces beyond those proposed would adversely affect the visual significance of the building.

FAILED TO PERFORM >

- o The Fire Department is currently in the process of purchasing a new multi-purpose facility at 1415 Evans Avenue (3rd Street and Evans Avenue), approximately 5-10 minutes away from the subject property; that facility has ample open, off-street space that can accommodate the extra parking needed for the new Headquarters facility. The Evans Avenue facility has approximately 28,000 square feet of paved yard space and can accommodate 53 parking spaces to serve both facilities. A shuttle system will be provided to transport employees between the Evans Avenue facility and the new Headquarters building. The owner has an accepted offer by the Department of Real Estate for the Evans Avenue property and the purchase is currently being finalized.
- o The subject site is well served by public transit, with a number of nearby bus lines operated by MUNI and other carriers providing service throughout San Francisco and the region.
- o The subject building is the only publicly owned building in the vicinity suitable for accommodating the subject use.

P.O. Box 31097
San Francisco, CA 94131
(415) 675-5864

INDEX

JAN 14 2002

CITY & COUNTY OF S.F.
DEPT. OF CITY PLANNING
ADMINISTRATION

766000CCTET CCTT 2008 CTMPIO

71 By definition and in effect, Construction Noise is limited to certain times of the construction period; conversely, visual quality, use of open space, hazards, and cumulative traffic affect now, and will affect, the quality of life both during the 8-year construction period and the time after the project is completed.

71 Therefore, we urge you to take the broad view in these three categories not only in terms of population segments affected, but also in the range of time frames. In other words, where visual and use of open space problems exist already on day one of the project, mitigation needs to begin then rather than at the end of the semi-permanent construction period. And where long traffic delays and safety hazards are present now, and are projected to be increased by construction trucks and cumulative volumes contributed to by project-generated automobile traffic, mitigation needs to begin at the earliest possible time.

2.0 CONSTRUCTION NOISE

Table 3.4-4 (page 3.4-11) and Table 4.0-1 (page 4.0-4) show in their respective sections for Phase Three-B (G-H), in the column for Receptor Location, the distance of 250 feet between the closest residential receptor on Dellbrook Avenue and the construction site, evidently the north end of Wing O scheduled for demolition.

57 Conversely, in the column for Actual Distance, that distance is given as 475 feet, which appears to be based on the distance between those receptors and (not Wing O but) the to-be-built Assisted Living Facility.

Impact Equipment and Trucks (and possibly other noise generating equipment) would be involved in the demolition of Wing O. Therefore, the Actual Distance between these noise sources and the receptors on Dellbrook Avenue is 250 feet. Consequently, the Distance Adjustments should be -14 dBA, rather than -20 dBA, leading to the following needed corrections of dBA values:

Adjusted Leq - Trucks	: 77 (instead of 71)
Adjusted Leq - Impact Equipment	: 74 (instead of 68)
Mitigated Leq - Trucks (a)	: 61 (instead of 55)
Mitigated Leq - Impact Equipment (a)	: 66 (instead of 60)

(a): Table 4.0-1 only

57 Given that the highest estimated unmitigated noise level generated by trucks (77 dBA) would come critically close to the Speech Interference Criterion of 80 dBA, the results of the claimed effectiveness of the attenuation devices to be used will need to be rigorously monitored. If requested, these results need to be made available to concerned homeowners.

79 We request that the list of persons to receive the advance notifications giving them the name and phone number of the Designated Complaint Coordinator (mentioned on page 1.0-11 and 4.0-3) include, as a minimum, all residents living at locations at which the mitigated construction noise is expected to exceed the ambient noise level, during a given phase, by 5 dBA or more. We further request that this Coordinator also be similarly responsible for monitoring compliance with the guidelines established by the Bay Area Air Quality Management District (BAAQMD), especially to ascertain that levels of wind-blown dust are well below threshold levels. (See page 4.0-13.)

3.0 VISUAL QUALITY: EXISTING CONDITION AND PROJECT IMPACTS

- 51 3.1 The site—partially or entirely—is visible from many homes in Midtown Terrace, primarily from many of those located on its west-facing terraced portion. Section C-2 (page 3.3-3) includes the statement "the site is not visible from the neighborhood areas to the north and east...". Figure 3.3-4 (page 3.3-7) clearly shows that this statement does not correspond to fact: the homes in the right to middle foreground are located on Starview Way, Knollview Way, Starview Way and Panorama Drive on that terraced portion.

Of course, view of the site from these streets is not possible, simply because the houses block it. But it is possible from the living rooms of many of these homes. Short of asking for permission to visit some of these homes, one can go to the gap between #19 and #47 Knollview Way which provides a view of part of the site which is similar to the views from nearby homes. (Clarendon Hall is in plain view; all seven stories of the proposed Clarendon Hill West building will be in full view from there.) We suggest that the quoted statement on page 3.3-3 be amended accordingly, and that the numerous statements in the report mentioning views from "Twin Peaks Park" be expanded to include at least that terraced portion of Midtown Terrace.

51 The judgment of whether any changes of the view of the site from the west slope of Twin Peaks are significant and adverse is one for the individual homeowners to make. At any rate, since they will—or will not—enjoy these views perennially, their opinions—expected not to be unanimous—should be more relevant than those of the occasional hiker or cyclist on Twin Peaks Park.

52 3.2 A situation which in several respects is different from the preceding one exists on the portion of Dellbrook Avenue contiguous to the eastern boundary of the campus. Section C-3 (page 3.3-8) includes the statement "Views from Dellbrook Avenue are generally blocked by the houses along the roadway, but the trees along the eastern project boundary buffer views towards the project site from behind the homes." The qualifier in this statement can be attributed to the fact that there is at least one large gap in that line of trees, the one west of #56 to #64 Dellbrook Avenue. This gap is noticeable on Figure 3.3-4 (page 3.3-7) baring the Bridge Structure, and much wider than indicated on Figure 2.0-4 (page 2.0-13). As shown on the attached copy of a photograph taken on December 15, 2001, the gap affords the view of part of the project site, notably the area east of the MUNI substation that serves as a parking lot for assorted vehicles and a huge pile of eradicated, desiccated blackberry bushes and other trash. 71 Given the more elevated location of the homes there, the project sponsor needs to mitigate this avoidable visual impact by planting, in the gap and west of the boundary, fast growing, tall trees (e.g., conifers) and shrubbery. That needs to be done not "prior to final project completion" (page 1.0-9, and page 4.0-1) but during Week 1 of Phase A of Phase One.

9 3.3 The size of the satellite dishes currently located just east of the MUNI substation (Appendix 2.0-2, Phase B diagram) is such (see above mentioned photograph) that when relocated (Section E4(a), page 2.0-16) to their new site in the (south-) eastern part of the campus near the water tanks (Figure 2.0-4, page 2.0-13) they are likely to create a visual impact for a number of homes on Dellbrook Avenue and/or Panorama Drive.

That impact needs to be evaluated. If found to be significant and adverse, its mitigation—or a less intrusive alternate location—will need to be specified.

4.0 LAND USE: OPEN SPACE

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4.1 The Open Space (OS) height and bulk district constitutes about one half of the project area, while (building) construction is projected to be contained within the 80-D height and bulk district, the other half of the campus. However, accessibility to the outdoors is a project objective, and fire hazards are a potential impact which overlaps both districts. The two issues need to be addressed in the report.

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Also, a determination needs to be made as to the extent to which the needed mitigation measures are within the scope of the project or within the responsibility of (other) public agencies. (See page 4.0-1.)

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4.1.1 Access to the open space areas needs to be retained and maintained during the construction period and, after having been enhanced (item 7, page 2.0-8), when construction has been completed. That access to the outdoors is—primarily but not exclusively—for the use and benefit of the residents (item 12, page 2.0-3). But it is also for that of the staff, the visitors of the residents, and the public at large. For members of the staff—the brains, lifeblood and muscle within the existing and the to-be-built structural shells—that accessibility represents an opportunity to relax, during their breaks, in communion with nature, and a respite from their at times stressful duties.

Construction activities during many project phases will disrupt or eliminate the use of or access to certain outdoor facilities such as that of the "picnic" area northwest of Clarendon Hall during Phases C through G (6 years, 2003-2009). Therefore, general guidelines for the relocation of those facilities and for the realignment, reactivation and/or maintenance of safe trail segments need to be included in the report.

Note to
Reviewer:
This comment
needs to
be added
to Comment
94

4.1.2 In the course of mitigating fire hazards during the permit review process (see Initial Study, page 44), attention needs to be given to distressed, dense stands of smaller eucalyptus trees which, together with the debris accumulated on the ground provide kindling and fire ladders. (The Mount Sutro Open Space Reserve Management Plan, May 2001, prepared by UCSF, contains many details regarding hazardous conditions peculiar to this type of urban forest and their management. We have contributed to the formulation of that

plan, and a copy of it has been provided to the Hospital administration.) In this respect, the stand of trees between the east parking lot and Panorama Drive is probably the most hazardous one in the OS district. Thinning it would not only reduce the hazard, but also improve forest health. Also, consideration needs to be given to performing such an operation before or concurrent with the expansion of the construction zone/80-D district in that area for the installation of the satellite dish (see Figure 2.0-4, page 2.0-13).

Relatively free standing mature (eucalyptus) trees are generally less of a fire hazard, but are hazards if diseased, rotting, leaning, etc. and in danger of falling or losing limbs. Their condition needs to be evaluated in the course of the relocation/reactivation of outdoor facilities advocated above—if not earlier.

- 14
- 4.2 Section 101.1 of the City Planning Code established eight (8) Priority Policies. One of these is the Preservation (Section D3, page 3.1-8) and/or Protection (Initial Study, page 14) of Open Space.

The Proposed Construction Phasing Plan (Section E4, pp 2.0-16 through 19) specifies that crushed concrete and dirt from the buildings demolished during Phases One, Two, and Three-A would be placed at given locations within the 80-D heights and bulk district.

That Plan also needs to specify where such broken concrete, etc. from Wings D, E, F, G, K, L, M and O, to be demolished during Phase Three-B, would be placed.

Placing such landfill debris in the Open Space area—such as the generally pristine northern part—would violate the intent and spirit of the Priority Policies. The fact that part of the north-facing hillside, north of the parking area east of Clarendon Hall, has been used as a dump site for debris, bottles, old metal furniture, tires, etc. is reason for allowing for the possibility that the reactivation of such practices may have been contemplated. This issue needs to be addressed.

- 18
- 4.3 The area proposed to be transferred from the Open Space to the 80-D height and bulk district as a result of the "minor" adjustment of the boundary line between these two districts (per pages 1.0-4 and 2.0-20) needs to be quantitatively defined.

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Comparison of the location of the existing 80-D/OS boundary line (Existing Site Plan, page 2.0-7) with that of the Limit of Construction Boundary (Proposed Site Plan, page 2.0-13) yields a rough estimate that this area would total about four (4) acres, or about 13% of the present OS area.

That area would be composed of about 2 acres of the proposed parking lots northwest of Clarendon Hall, about 1.5 acres at the east end of Clarendon Valley, and about 0.5 acre in the southeast panhandle, set aside for the private satellite dishes. This installation would not constitute a public necessity but would be located in a Public Use zoning district.

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Also, the proposed amendments of the Zoning Map and the General Plan, by removing that acreage from the Open Space district, would appear to be in violation of Section 101-1 of the City Planning Code, specifically its Priority Policy mandating the preservation/protection of open space. But if such amendments can take precedence over the Code, what are the safeguards against using them as precedents justifying future zoning revisions not just from Open Space to other districts, but from Public Use to non-public uses? This issue needs to be addressed explicitly.

5.0 HAZARDS

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5.1 The dump site in the northern part of the Open Space area, referred to under item 4.2, above, is located outside the limits of construction. Therefore, it is not included in the area proposed for Hazard Mitigation Measures per Section 4-D (page 4.0-11) which limits such measures to "...areas...subject to ground disturbance during site development activities...." The area of that dump site, as well as any other areas on the campus—whether inside or outside the construction perimeter—which are known or suspected to have been contaminated need to be added to the list of areas to be sampled.

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5.2 The Refueling Station and Underground Storage Tanks, as shown on the Site Plan (page 2.0-13) and the Phase B plan, would be located within less than 200 feet of the closest homes on Dellbrook Avenue, and at an elevation higher than some homes on that block. The report needs to state what safeguards would be incorporated in that installation to minimize the risk of tank rupture—and consequent leakage, contamination and fire danger—in case of a major earthquake. Also, what alternative site(s), farther removed from

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residences, have been considered, and the reason(s) for their rejection.

6.0 PROPOSED SITE PLAN

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The Proposed Site Plan (Figure 2.0-4, page 2.0-13) shows, at the (south) eastern panhandle of the site, a northerly bulge extending into the private properties of #s 154, 160 and 166 Dellbrook Avenue, and #s 201 through 227 Panorama Drive. Unless such a transfer to properties has taken place or is planned, this apparent drafting error needs to be corrected.

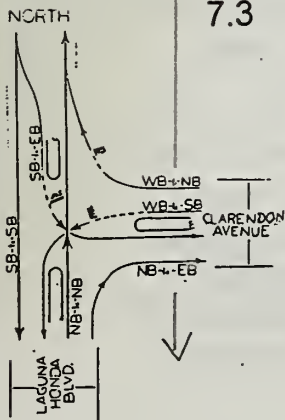
7.0 TRAFFIC IMPACTS AT THE CLARENDON AVENUE/LAGUNA HONDA BOULEVARD INTERSECTION

7.1 The Laguna Honda Boulevard-Seventh Avenue corridor, from its intersection with Woodside Avenue and Dewey Boulevard in the south, to its intersection with Lawton Avenue in the north, is the major south-to-north arterial link in central San Francisco running generally parallel to 19th Avenue in the west and Portola Drive-Market Street to the east.

Between the signalized ("Jug Handle") intersection in front of the MUNI station and the signalized intersection at Lawton Avenue, it is an eight-tenths (8/10) of a mile long, free-flowing (no signals, no stop signs) pipeline carrying high peak period traffic volumes at speeds substantially in excess of those on its contributing arterial network.

7.2 Clarendon Avenue is an arterial which serves not only as a link between southwest and north-central San Francisco, but is also the main access to the Laguna Honda corridor for most of the Midtown Terrace and Forest Knolls neighborhoods, for the Galewood and The Woods enclaves, and Clarendon School.

7.3 The arterial-to-arterial T-intersection of Clarendon Avenue with Laguna Honda Boulevard is **not** signalized. Controlled by stop signs, the westbound-to-southbound (WB-to-SB) traffic and the southbound-to-eastbound (SB-to-EB) traffic intersect with each other and with the higher speed northbound-to-northbound (NB-to-NB) traffic on Laguna Honda Boulevard which they have to cross taking turns when gaps open up in that traffic flow.



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- 7.6 The following points corroborate the need to improve this intersection:**

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than the green. Traffic from the queued-up lanes will take their turns, or be hesitant or aggressive about it, sometimes coming to a stop close to the fast through lane. Only half of the queue may get across before the next green platoon arrives, and the queues will lengthen. During school days and under high employment conditions, delays (in the westbound-to-southbound movement) of two minutes or more are not unusual.

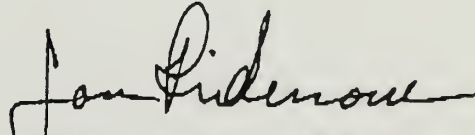
7.6.4 The consultant's traffic study appears to have been made prior to January 2001 when construction of the pump plant and the water mains caused realignments, repaving and unusual traffic conditions on Laguna Honda Boulevard. Field surveys of the Clarendon/Laguna Honda intersection, if conducted during that construction period, may well have produced atypical results.

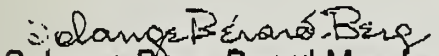
89 To conclude, we want to reiterate that we support the project, and that the above constructive comments are submitted respectfully and in the anticipation that they will be given active consideration in the interest of mitigating the project's impact on the quality of life of all persons concerned, and of improving and preserving the characteristics of the facility and its open spaces.

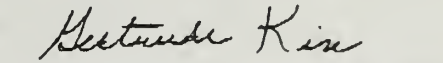
Thank you for your interest in this project.


Sincerely,



Gilbert De La Mora, President

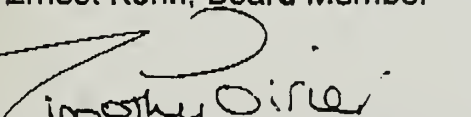

Jon Ridenour, Vice President



Solange Berg, Board Member

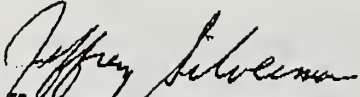

Gertrude Kin, Board Member

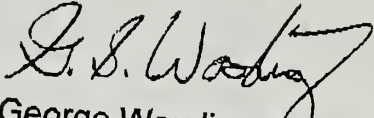

Ernest Kohn, Board Member


Anne Poirier, Board Member


Timothy Poirier, Board Member


Leslie Rall, Support Volunteer


Jeffrey Silverman, Board Member


George Wooding, Board Member

Attachment: Photocopy (in color)

cc: Supervisor Tony Hall
Bud Wilson
Michael Lane, P.E.
West Portal News
Interested Parties
Files



Laguna Honda Hospital Campus
EAST END OF CLARENDON VALLEY
View from #60 Dellbrook Avenue
Looking West
(Color Print 12/15/2001)



PASTOR
ROGER RIDGWAY

St. John's United Church of Christ

501 LAGUNA HONDA BOULEVARD
SAN FRANCISCO, CALIFORNIA 94127
(415) 731-9333

January 13, 2002

Mr. Paul Maltzer
Environmental Review Officer
San Francisco Planning Department
1660 Mission Street, Suite 500
San Francisco, CA 94103

Subject: Comments to DEIR
Laguna Honda Hospital Replacement Project

Dear Mr. Maltzer:

Following are the St. John's/St. Brendan's Local Organizing Committee comments to the Draft Environmental Impact Report prepared for the Laguna Honda Hospital Replacement Project. These comments are submitted per your notice dated December 1, 2001.

General Comments

90 We are very concerned about the process used to solicit public input on potential project impacts as part of the CEQA scoping process. St. Johns submitted comments to the planning department as part of the development of the Initial Study. These comments are documented in a letter to Ms. Lisa Gibson of the San Francisco Planning Department dated July 2, 2000. These comments were not specifically referenced in the Initial Study or in the DEIR. St. Johns provided additional comments to the Initial Study in April 2001. There was no public scoping meeting. There were limited public outreach (mailings) notifying residents of preparation and publication of the initial study. Please describe the reasons for not holding public scoping meetings, not including or referencing St. John's July 2000 and April 2001 comments, and why the first mailing to local residents with information regarding the CEQA process, was the completion of the DEIR.

1 The project description provides very few details on the types and sequencing of construction activities as it relates to the potential impacts. For example, the types of materials that will be used in the new construction, especially concrete, and how concrete will be delivered to the site, what the largest anticipated pours will be and the number of trucks associated with each pour will be is not provided. The DEIR indicates that some

Comments to DEIR**Laguna Honda Hospital Replacement Project**

January 13, 2002

Pg 2

1 construction debris will be reused but does not provide the estimated quantity relative to what will be hauled off site or disposed of (as opposed to reused) on site. This makes it very difficult to assess project impacts. The project description needs to be expanded and detailed.

73 The mitigation section does not provide detail on how mitigations will be documented or enforced. This is a major weakness in the text and needs to be addressed. Specifically, whether mitigations are included in project plans and specifications or other document, who is responsible for approval or oversight of the mitigations (contractor and/or City staff), how compliance will be documented, and consequences of non-compliance need to be included.

Specific Comments

5 p. 1.0-3: A4 Proposed Project : The project elements should include improvements to access as outlined in the Bond measures. Access should be reflected in the integration of the institutional scale of the project with the surrounding residential scale of the neighborhood. Item 7, beautification of campus features visible to neighboring areas, is not discussed or defined in the following description of the project. What project elements address item 7?

38 p. 1.0-5: B2 Transportation, Circulation, and Parking: The DEIR states that the project will result in a worsening of operation conditions at specific intersections. What are the subsequent impacts to air quality? How was the increased traffic percentage of 3% to 4% determined at these intersections and what is the basis for asserting that this level of increase is not a significant impact?

68 p. 1.0-8: B6 Hazards: The text indicates that soil contamination has been identified on site. Where is it relative to proposed building footprints and construction areas?

73 p. 1.0-10: Construction Noise: Who will conduct the noise monitoring outlined as a mitigation measure, the contractor, City or third party? Who will determine if feasible measures have been implemented? Is a noise abatement plan required of the contractor? Who will approve it and monitor its implementation? How will work be coordinated with the hospital staff? Who will be responsible, the City or the Contractor?

80 p. 1.0-13: C3 Historic Architecturally Resources, 2.): How will salvage operations be sequenced with the demolition? Who will be responsible, the contractor or a third party?

84 p. 1.0-14, 15: Hazards: The text indicates that sampling and remediation will be completed in areas where contamination is suspected prior to construction. Who will do this and when in the work sequence. What is the estimated volume of

Comments to DEIR

Laguna Honda Hospital Replacement Project

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24 | potentially contaminated soils that could be encountered? What are the suspected contaminants of concern? Where in the text is the description of site geology and groundwater? Are the referenced tanks formally and appropriately closed?

3 | p.2.0-3: Project Objectives: Why is access limited to residents to the outdoors in item 12 and what is the definition of 'outdoors?' Does it include access to the surrounding neighborhood and access for workers, visitors and volunteers to the Hospital from the neighborhood?

1 | p. 2.0-5: "a retaining wall of approximately 1,000 feet length...traverses the Woodside Avenue project boundary." This is the only mention of the wall in the EIR, although we understand that portions of the wall will be removed to accommodate ADA access to and from the site. Please clarify whether modification of this wall is included in the project scope and the design basis for the modifications, i.e. Improved access and project integration.

5 | p. 2.0-8: "Project Characteristics, #7: beautification of campus features visible to neighboring areas." All the vantage points considered are from higher elevations only. Why? If modifications to the wall along Woodside are included to improve access and construct ADA access, why wasn't wall evaluated relative to this project objective?

10 | p. 2.0 -18: "Access Routes" Descriptions fail to note that a left-hand turn isn't possible at 7th Avenue. In addition, there is no San Jose Avenue exit from I-280 South (eastern access rte.). Monterey Blvd exit is a difficult exit to negotiate, requiring a hard right turn to reach O'Shaughnessy Blvd. Please clarify the number of vehicles, especially the types of construction vehicles that will be expected on each proposed route. In particular the length and weight of each type of vehicle should be noted relative to the radius of the turns and the potential for trucks to veer into the on-coming traffic lanes creating a safety hazard.

12 | p. 2.0 -22: "Art Commission Review" How does this review include criteria for access as it relates to the ADA access planned on Woodside Ave. and the integration of the institutional scale of this project with the residential scale of the surrounding community. Please define aesthetic merit and how it applies to the view from Woodside Ave. and Laguna Honda Blvd.

48 | p. 3.2-1: "A. Summary" Under the Transportation, Circulation and Parking section and based on preliminary construction plans, "truck traffic would range from an average of 7 trucks per day to a PEAK of 15 trucks." Our preliminary analysis breakdowns as follows:

G/C supervisory vehicles
Concrete Pour of 200 to 325 CY

20-30(1/2 ton. To 1tn. Trks.)
25-40 (cycling in/out of LHH)

Comments to DEIR
Laguna Honda Hospital Replacement Project
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Architectural Constr. (M/E D/W, etc)	50 (100 workers with 2/car)
TOTAL	95 - 120

48 The DEIR does not describe how it calculated an average and peak level of truck traffic into and from the site. It does not describe the type of trucks that will be used; it does not describe the construction in enough detail to understand the types of construction materials that will be used, how they will be brought to the site, and placed and when the major delivery of materials will occur. This information should be included so the reader can understand the basis for statements made in the report.

16 p. 3.1-7/8: "General Plan Elements" How does the residence element link to the integration of the facility with the surrounding community, especially considering that the project will expand services provided at the hospital?

17 p. 3.1-9: "Planned and Approved Land Uses" This section mentions that no other major projects are planned in the project vicinity when there is a construction project at the corner of Woodside and Portola, the Youth Guidance Center is in the final design stages of a 3 to 4 year construction project and the San Francisco Water Department is constructing improvements to the Mid-Town Terrace Reservoir. In addition, City construction of the pump station at Clarendon and Laguna Honda Blvd. was just recently completed. The DEIR's definition of 'major' is omitted from the discussion. The DEIR presumably justifies its lack of discussion on the cumulative impacts of these projects, based on this definition. The cumulative impacts including the duration of active construction in the neighborhood, in addition to the intensity of construction, should be addressed. The DEIR also references the signal installation on Woodside Avenue and coordination with YGC. [The traffic impacts to the neighborhood are not addressed in the report. Specifically, the projected impact of traffic flow patterns due to the new traffic signal.

34

21 p. 3.1-12 "Potential Conflicts" G2. Institutional Master Plan. There is no mention of improvements to site access in the project description and how access relates to the master plan. The need for improved access relative to the master plan should be described and how the project will implement improvements, such as ADA access, and how those improvements affect the wall along Woodside Avenue should be included in the discussion.

40 p. 3.2-1/2/3/4: "Transportation, Circulation, and Parking. Summary" The project would result in an unmet parking demand..., which could be partially accommodated on-site and on adjacent major arterials." The DEIR needs to specifically identify which streets it is identifying as parking. If it is Woodside, the DEIR must address the fact that the YGC has already taken these places for its 3 to 4 year construction project. The overlap in the two project's construction schedule must

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50 | be discussed as part of cumulative impacts. "During the peak construction period,
49 | the project sponsor and contractor may need to make arrangements at remote
parking facilities to provide shuttle service...for both construction workers and
hospital employees." Where do they intend to stage this? How are workers and
equipment going to be shuttled to and from the project site? Is this a realistic
option and has it been implemented successfully at other construction sites in the
City?

23 | p. 3.2-2: "C1. Regional Access" Monterey Blvd is mentioned as the north and
southbound exits from I-280. There is no northbound exit labeled Monterey Blvd.
This error needs to be corrected. If the text is referring to San Jose Ave. then the
ability of construction traffic to negotiate the turns necessary to travel towards the
project site must be addressed. In addition, the text mentions that trucks can turn
left of Lincoln Way from 7th. This is not true. Alternative paths must therefore
be identified and the impacts discussed.

24 | p. 3.2-3: "Laguna Honda Blvd....from Clarendon to Dewey Blvd has unmetered parking
on BOTH sides." There is no parking permitted on one side of LH Blvd. The
DEIR needs to correct clarify this statement.

25 | p. 3.2-4: "Woodside Avenue.. has four-hour unmetered parking on both sides of the
street." This overstates the number of spaces as not all reaches of the street are
available for parking. It also fails to incorporate YGC's plan for the use of these
spaces during its construction project.

27 | p. 3.2-5: "Table 3.2-1" Note #5 briefly describes Woodside entrance improvements.
These improvements need to be described in the DEIR in detail and the impacts
(or improvements) to traffic flow to and from the institutions and within the
neighboring residential streets discussed.

33 | p. 3.2-11: "C4(b) On Street Parking" cites Pacheco Street from Castaneda to Alton
Avenues as a source of on-street parking. This is an unrealistic alternative due to
topography. The assumptions in the DEIR need to be explained. In addition the
parking analysis excludes Idora and Ulloa Avenues even though a new signal and
cross walk are planned at the intersection of Idora and Ulloa. These
improvements would facilitate access to the project site and encourage day
parking on Idora and Ulloa as well as portions of Portola. The analysis needs to
be revised to include these streets.

34 | p. 3.2-13: "C8. Planned Improvements.." describes the Woodside Avenue entry/exit. The
description of existing conditions is inaccurate. It states drivers exiting are
limited to right hand turns. They are currently not allowed to exit this location.
The text states that this new entrance would be come a 'major ingress and egress

Comments to DEIR

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34 roadway for the hospital'. The impacts of this new exit/entrance on traffic within the neighboring residential streets are not discussed.

40 p. 3.2-19: "Parking Impacts" refers to "increased parking on arterials". Where is this parking available (i.e. where is parking under utilized)? How does the residential permit program protect the neighborhood from parking impacts? What is the specific criteria used to determine that there will be no significant impact to neighbors considering both the duration of the construction project and the magnitude of the unmet parking need? Why if the DEIR reaches the conclusion of no impact does it earlier reference the need for remote parking? Why specifically, is the project unable to accommodate all project and operational parking on site through use of permanent and temporary parking areas?

49 p. 3.2-25: "Assuming that a portion of the construction workers car-pooled and used transit.....". This assumption seems highly unrealistic. Are there other projects where workers car-pooled and used public transit at the levels assumed in the DEIR?

62 P 3.4-21 D(2) Off-site Construction Traffic Noise - This section states "Although cut and fills would be balanced on site, trucks would need to haul building materials to the campus. The text does not address the potential need for trucks to cycle off-site due to limitations of internal site access roads. The DEIR should therefore stipulate a project requirement that all grading and other operations involving the cycling of trucks, will limit truck and vehicles movements to on-site routes. No off-site cycling of trucks or vehicles will be allowed.

73 p. 4.0 Mitigation Measures - General comment, this section should outline the necessary prohibitions on parking, traffic routes, on-site cycling of construction vehicles, etc. The section should also specify how these measures will be enforced, what provisions will be included in the project specification, what measure require completion of separate plans and documents, who will approve those plans and documents, and the timing of that approval relative to issuance of building permits and contractor notices to proceed.

75 p. 4.0-1: "A. Visual Quality" Mitigation measure #1 (Site Landscaping) refers only views from Twin Peaks Park. This would appear inadequate if the project includes improvements to access along Woodside and Laguna Honda Blvd.

79 p. 4.0-2,3 "B. Construction Noise" the text states "During all construction phases, there shall be close coordination between construction staff and hospital staff. THERE IS NO MENTION ABOUT THE RESIDENCES. A mitigation should include specific measures to address noise impacts to the community (Dellbrook and others) in the form of regular meetings, contact persons with the City and Contractor staff. etc.

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85 p. 6.0: "Alternatives to the Project". All alternatives (p.6.0-13, 6.0-16) address visual quality of new hospital from Twin Peaks Park and Edgehill Way only, not from Woodside Avenue and Laguna Honda Blvd..

86 Alternative access routes from Laguna Honda Blvd. identified in St. John's scoping letter of July 2000, were not addressed in either the initial study or the DEIR. These alternatives should be discussed and the basis for their elimination identified.

Thank you for the opportunity to submit our comments. Please do not hesitate to contact Mr. Steve Suacci or me if you need additional information. I can be reached at (415) 566-2825. Mr. Suacci can be reached at (415) 759-6236.

Sincerely,

Eileen Fanelli

Eileen Fanelli
St. John's/St. Brendan's Local Organizing Committee

Cc: Michael Lane, Laguna Honda Hospital Replacement Project Manager
Mayor Willie L. Brown, Jr.
Tony Hall, Supervisor

Yvonne Howard
106 Cresta Vista Drive
San Francisco, CA 94127
January 10, 2002

Paul Maltzer
Environmental Review Officer
San Francisco Planning Dept.
1660 Mission Street, Suite 500
San Francisco, CA 94103

Dear Mr. Maltzer:

I am writing on behalf of my parents, who live at 32 Dellbrook in Midtown Terrace. I am very concerned about the construction noise during the upcoming renovation of Laguna Honda Hospital. My parents are retired and are at home all day every day. They sleep until 9 or 10 a.m. and spend a lot of time in their garden. I am concerned that they will spend their final days being awakened every morning at 7 a.m. by the noise of the construction and that their home and garden will no longer be a tranquil space for them.

58 I attended a meeting of the LHH Replacement Project Team last night at Laguna Honda Hospital and was told that the construction noise would have "NO impact outside of the area of the hospital." This does not seem possible to me and I am concerned that the residents might have just been told what they wanted to hear. I want to be certain that the construction noise will not awaken my parents or disturb them during the day, as the duration of this project, 12 years, is a very long time to live under these circumstances. I would like some assurance about this before the project begins, rather than problems after.

I have spoken to some experts in this regard and have been told that some of the noise could be alleviated by installing insulation in the rear of the house and double pane windows and suggest that you consider doing this for those residents on the perimeter of LHH. I would also ask that you delay doing anything that could be noisy until 9 a.m. rather than 7 a.m.

54 My second concern involves my parent's view. They purchased this home because of it's view to the woods and country-like setting in the garden, where you currently see nothing except trees. I understand that three, seven story buildings

54 | are going to be constructed in front of their view. If
these are visible from their home, it would be very bad.
I am wondering if this will be the case or if perhaps
because of the different elevations of the land of LHH,
these buildings will not be visible from my parent's home?

91 | Please make this letter a matter of record, so that my
concerns are addressed by the Planning Commission. Also
please respond to me in writing on these two issues. My
address is at the top of this letter.

Thanking you in advance for your help.

Yvonne Howard



LANDMARKS PRESERVATION ADVISORY BOARD

1660 MISSION STREET, 5TH FLOOR, SAN FRANCISCO, CA 94103-2414

TEL. (415) 558-6345 • FAX. (415) 558-6409

January 14, 2002

RECEIVED

JAN 16 2002

PLANNING DEPT

Mr. Paul Maltzer
Environmental Review Officer
San Francisco Planning Department
1660 Mission Street, Suite 500
San Francisco, CA 94103

Re: Laguna Honda Hospital Replacement Project

Dear Mr. Maltzer:

92 On December 19, 2001, the Landmarks Preservation Advisory Board (Landmarks Board) held a public hearing to consider and comment on the Draft Environmental Impact Report (DEIR) for the Laguna Honda Hospital Replacement Project. Project sponsors and architects made an excellent and informative presentation on the proposed project, and public testimony was taken. The Landmarks Board then discussed the DEIR in detail, and arrived at the following comments, which it hereby submits for your consideration:

- 65
1. 3.5 Historic Architectural Resources – The Landmarks Board concurs that the Laguna Honda complex is eligible for the National Register of Historic Places as an historic district under Criterion A, and that the Main Hospital Building and Clarendon Hall are individually eligible for listing under Criterion C.
 - 4 2. 2.0 Project Description – The Landmarks Board supports the Project Objectives enumerated in the DEIR, including the Proposed Demolition Plan outlined on page 2.0-9. The Landmarks Board feels that, although the identified historic resources are extremely significant and worthy of protection, the more compelling need to sustain the viability of Laguna Honda in its social mission justifies their demolition.
 - 81 3. 4.0 Mitigation Measures – The Landmarks Board generally concurs with the mitigation measures proposed for the loss of historic resources. However, the Landmarks Board believes the following should also be included as further mitigation:
 - Further research should be done regarding the social history of the people housed and employed over the years in those buildings proposed for demolition. The social history of Laguna Honda is not

81

adequately documented in the DEIR, nor in the Laguna Honda Hospital Historic Background Report, dated October 2001, which concentrate only on architectural and institutional history.

- Historic Photographs showing the social use of the spaces should be included both in the HABS documentation and the on-site interpretive display.

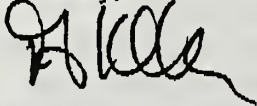
82

4. Landscaping – The Landmarks Board believes that the elements of the existing landscaping throughout the site are important resources and should be protected to the extent possible. The Landmarks Board also urges that the project include spaces in which future residents may themselves engage in gardening.

81

In conclusion, the Landmarks Board views the proposed loss of important historic resources as extremely significant. However, the Landmarks Board concurs with the necessity for their demolition, and urges the adoption of the additional mitigation measures proposed above.

Sincerely,



Tim Kelley, President
Landmarks Preservation Advisory Board

TK/ag

N:\apb\LagunaHondaHospital\DEIR\LPABcommentltr.doc

FAX 558-5991

SPEAK
1329 7th Ave
San Francisco, CA 94122-2507

January 16, 2001

Paul Maltzer, Environmental Review Officer
Planning Department
1660 Mission Street, Suite 500 FAX 558-5991
San Francisco CA 94103-2414

Re: Laguna Honda Hospital Replacement File No. 20010022015

Dear Mr. Maltzer,

Mary Anne Miller and I have the following suggestions for and concerns about the draft Environmental Impact Report:

15 **Gardening and the Natural Setting**--Laguna Honda Hospital sits in a lovely garden area with many sites of both planted and natural vegetation. These areas should be preserved as much as possible. The EIR should provide a plan of the existing garden areas on the site, along with comments on how these sites will be protected during construction phases. This analysis is especially important for the on-site natural areas, which to some uninformed persons may look like 'a bunch of weeds,' but which in reality are important fragments of our natural world in San Francisco. Both a botanist to identify native plants and a geologist to document any significant rocky outcrops should be consulted for this study. In accordance with the Sustainability Plan of the City and County of San Francisco, future landscaping plans should emphasize plants native to the site.

42 **Parking**--- We are concerned about the Transit First Policy of the City and the problems of our ever increasing traffic. We note that Laguna Honda Hospital is situated in an area very well serviced by Muni and Muni Metro, with its efficient links to Bay Area wide transportation systems. From our informal survey, roughly 35% of the existing parking spaces are not used, even at times of seemingly maximal use. We are concerned that the Hospital's future plans do not adequately encourage the use of our public transportation. 1) We ask that the public transportation service to the site be included in a figure in the EIR. 2) We ask that the EIR analyze the parking needs of the Hospital more thoroughly, giving not only the total employment and total parking spaces on the site, but also the number of employees during each shift and the number of unused parking spaces during a typical week. 3) In keeping with the Transit First Policy, we ask that Laguna Honda Hospital's Plan offer mitigation for its effects on City traffic and congestion by reducing the number of planned parking spaces to the Planning Code's general recommendation for this sort of facility, 294 spaces.

53 **Lighting**---We commend the EIR for sharing our concern about incidental light. The EIR should mention that Laguna Honda Hospital site is geographically midway between two major natural areas, the Mt Sutro Open Space Preserve and Mt Davidson Park. In its current condition, with large areas having minimal exterior lighting, the grounds of the Hospital serve as part of the flyway for some of the few remaining owl populations in San Francisco. The ravens, on the other hand are increasing in the City. Ravens out-compete owls in areas with night light. We ask that not only should the new construction be sensitive to incidental light, but also that the EIR pledge to keep as much of the grounds in darkness as possible for foraging owls. (It may be advisable to consult a ornithologist; we, however, are not insisting on this.)

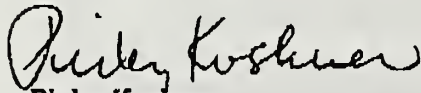
63

Noise---As is well documented in the draft EIR, Laguna Honda Hospital is surrounded on two sides by residential neighborhoods. Noise is a pollutant of every city. While the EIR discusses construction noise, it does not fully discuss building noise. The EIR should include an analysis of the existing noise sources on the site, with a commitment not to increase noise levels and if possible to decrease noise in the future buildings. This is especially important since the newly constructed buildings will no doubt have 'climate control.'

8

Deconstruction---The Sustainability Plan of the City and County of San Francisco promotes the use of deconstruction rather than demolition. We ask that the EIR include plans for deconstruction of all the buildings proposed for demolition.

Sincerely,


Pinky Kushner
415 731-9486

Richard V. Lambert Jr.

461 Dellbrook Avenue
San Francisco, CA 94131

Phone (415) 861-4423 • Fax (415) 332-5541
RVLambert@msn.com

December 11, 2001

San Francisco Planning Department
1660 Mission Street, Suite 500
San Francisco, CA 94103

ATT: Paul Maltzer, Environmental Review Officer

RE: Laguna Honda Replacement Project
Easier access to Forest Hill Muni Station for residents of Midtown Terrace

Dear Sir:

The distance and slope from most residents in the western side of Midtown Terrace makes a walk to the Forest Hill Muni station a difficult undertaking. From my resident approximately 20 minutes are required to walk to the station, with a much more difficult walk back uphill of 30-35 minutes.

A easier walking/bath path providing access through the newly designed Laguna Honda Hospital from the south end of Dellbrook Avenue (around 100 Dellbrook) or from the St. John's Armenian Church would provide a public service for all the residents of the western area of Midtown Terrace. It would also serve to open up the newly designed Laguna Honda Hospital to the whole community, rather than remain a secluded city geriatric hospital. The walkway could be incorporated within a park like setting that would serve to life the spirits of the residents of the hospital as well as the community around it. It would also serve the utilitarian need of giving casier access to Muni.

It would also serve to open up the valley that separates the hospital and the neighborhood, which at times appears to harbor camp like conditions for some less fortunate.

I am not sure if the above idea has been introduced, or it workable as I have not made a detailed study of the space. Would you be able to offer me your comments? I would like these ideas to be aired at the upcoming public hearing with an appropriate response.

Thank you.

Best Regards,
Dick Lambert Jr.
Dick Lambert Jr.



San Francisco Public Transportation Department



949 Presidio Avenue, San Francisco, CA 94115 415.673.6864

MEMORANDUM

To: Paul Maltzer, Major Environmental Analysis
Through: Peter Straus, Mgr. of Service Planning
From: James D. Lowé, Transit Planner
Subject: Laguna Honda Hospital; 2000.005E
Date: 11 December '01

31 The San Francisco Municipal Railway Service Planning staff have no further comments in response to your request for review of the Draft environmental Impact Report for the Laguna Honda Hospital Replacement Project. However, our previous comments remain applicable. See attached.

32 I should note that any change to or construction impacts on Line 89-Laguna Honda should be coordinated through our Street Operations/Special Events office at 554-9286.

attachment

cc: L Mancini, Chief Operating Officer
JDL, SP Chron

JDL:A9:LagunaHonda3.cir.



San Francisco Public Transportation Department



949 Presidio Avenue, San Francisco, CA 94115 415.673.6864

MEMORANDUM

To: Hillary Gitelman, Major Environmental Analysis
Through: Peter Straus, Mgr. of Service Planning
From: James D. Lowé, Transit Planner *J. Lowé*
Subject: Laguna Honda Hospital; 2000.005E
Date: 26 June '00

The San Francisco Municipal Railway Service Planning staff have the following comments in response to your request for review of the Transportation Study for the rehabilitation of Laguna Honda Hospital.

1 [In general, it is difficult to discern from the report whether the facility will remain open to clients during this major rehabilitation effort and to what level. Perhaps a section needs to be developed that details the phasing of the project and what parts of the facility would remain open during construction.

24 [As you may know, Muni operates a shuttle service Line 89-Laguna Honda that runs around the hospital grounds and offers service to Forest Hill Station and Laguna Honda Blvd. (See attached map.) Muni staff would need to meet with project sponsors to discuss interim changes and whether or not permanent changes to the route are needed.

30 [Route 89 should be discussed in Section 4.1.2. In addition, it is incorrectly shown in Figure 2.2, which implies that operation is not affected by changes to the Laguna Honda facilities.

attachment

cc: W Streeter, Deputy GM
PS, JDL, SP Chron

A9:JDL:LagunaHonda.eir.



Winston H. Hickox
Agency Secretary
California Environmental
Protection Agency

Department of Toxic Substances Control

Edwin F. Lowry, Director
1001 "I" Street, 25th Floor
P.O. Box 806
Sacramento, California 95812-0806



Gray Davis
Governor

December 6, 2001

Lisa Gibson
San Francisco Planning Department
1660 Mission Street, Suite 500
San Francisco, California 94103

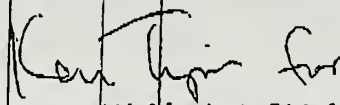
Re: Laguna Honda Hospital Replacement

69
The Department of Toxic Substances Control (DTSC) is in receipt of the environmental document identified above. Based on a preliminary review of this document, we have determined that additional review by our regional office will be required to fully assess any potential hazardous waste related impacts from the proposed project. The regional office and contact person listed below will be responsible for the review of this document in DTSC's role as a Responsible Agency under the California Environmental Quality Act (CEQA) and for providing any necessary comments to your office:

Barbara Cook
Site Mitigation Branch
700 Heinz Avenue, Suite 200
Berkeley, California 94710

If you have any questions concerning DTSC's involvement in the review of this environmental document, please contact the regional office contact person identified above.

Sincerely,


Guenther W. Moskat, Chief
Planning and Environmental Analysis Section

The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our Web-site at www.dtsc.ca.gov.

♻️ Printed on Recycled Paper

Anne and Timothy Poirier
139 Olympia Way
San Francisco, CA 94131
(415) 826-6639

December 11, 2001

Paul Maltzer
Environmental Review Officer
San Francisco Planning Department
1660 Mission Street, Suite 500
San Francisco, CA 94103

**RE: Draft EIR for the Laguna Honda Hospital Replacement Project
(Planning Department Case No. 2000.005E)**

Dear Mr. Maltzer:

Thank you for this opportunity to comment on the Draft Environmental Impact Report for the Laguna Honda Hospital Replacement Project. We live in the Midtown Terrace neighborhood to the east of the proposed project. The following are our concerns:

- 54 1. We object to the proposed Zoning Map Amendment and General Plan Amendment given the character of the surrounding neighborhoods. Increased height, bulk and density would greatly detract from neighborhood views and contribute to an industrial look in a residential neighborhood of predominantly two-story single-family homes and green belts. Seven-story tower blocks must be distributed to no more than current four-story structures.
- 66 2. We believe the historic architectural significance of the current buildings should be considered and preserved. Redevelopment and seismic upgrades should be within current historic building structures.
- 13 3. The 50% open space zoning of the total 62-acre land parcel will be ignored during the multi-year redevelopment period. This is public property and citizens must maintain the right to access of 50% of the land. It is unclear whether the final project will spread outside the 50% public-access zoning area as well, which does not include private parks for Laguna Honda use only.
- 77 4. The forests abutting Panorama, Dellbrook, Olympia and Clarendon must be attended to immediately. Additional trees must be planted before the project begins to provide ample time for the growth of these natural view and sound barriers.
- 59 5. The construction staging and parking area—with attendant generator, work and traffic noise—within feet of the backyards of the 000-100 block of Dellbrook must be moved to a less intrusive area.

9 6. An alternate plan for the placement of the large satellite complex by the water tanks behind the 100 block of Dellbrook should be considered. Midtown Terrace has the highest concentration of antennas in the city, and this site would increase this negative visibility and necessitate a thinning of the forest buffer.

83 7. Building demolition and removal of asbestos and other hazardous materials should not be done on days with more than 5-mph winds. Flyers should be distributed to homes within 1000 feet with a tentative schedule for these activities so that windows may be closed to reduce intrusion of dust.

58 8. Noise levels are unacceptable for Midtown Terrace neighbors.

60/78 9. Hours of operation for demolition and exterior construction should be limited to Monday to Friday from 8 AM to 5 PM to decrease the proposed intolerable noise levels to a reasonable timeframe.

67 10. The abandoned garbage dump to the north—including broken glass, rusted metals, and medical waste—must be evaluated and cleaned up. This is a dangerous area for the public, yet a public trail passes right through the middle of it. Remediation of soil and water quality might be necessary.

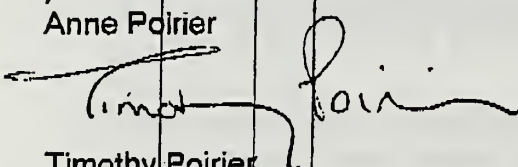
67 11. The rubble dump behind the 000 block of Dellbrook should be restored to meadow for public use as quickly as possible.

95 12. Homeless encampments must be kept under scrutiny on the entire land parcel.

Thank you for addressing these significant environmental impacts.

Sincerely yours,


Anne Poirier


Timothy Poirier

1-14-02

466 Frederick #4
94117
387-5435

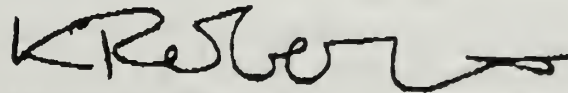
Dear Mr. Maltzer:

96 I am writing to express my opposition to the proposed increase in parking spaces at Laguna Honda Hospital. I don't want my tax dollars going towards more cars, more congestion, and more pollution in nearby neighborhoods.

46 Also, the Hospital driveway feeds directly onto one of the city's major bike routes, on 7th Avenue. When I taught at San Francisco State University, I used this bike path on my daily commute. That stretch in front of Laguna Honda was by far the most dangerous part of my commute. Every time I biked down that hill in front of the Hospital, I was scared I was going to be killed. Part of the problem was how little regard most drivers had for the posted speed limits, but the other part came from cars entering and exiting the hospital driveway. An increase in motor vehicle traffic at that intersection would turn an already extremely hazardous situation into one that is potentially deadly for bicyclists and pedestrians.

97 The existing parking lot at Laguna Honda is underutilized. There is a MUNI station across the street, served by numerous lines. Instead of increasing parking, you should be using public money to improve public transit to and from the hospital. This is something that will actually benefit the majority of San Franciscans, instead of adding more cars to an already car-choked city, for the benefit of a few private car-owners.

Sincerely,



Katherine Roberts
Board Member,
Height Ashbury Neighborhood Council

* (Attn) Paul Maltzer
558.5991
or Edgar 558.6082

January 10, 2002

Mr. Paul Maltzer
Environmental Review Officer
Laguna Honda Replacement Program
375 Laguna Honda Boulevard
San Francisco, California 94114

560 Dewey Boulevard
San Francisco, California 94116-1427
Telephone: 415-759-9150
PCS Phone: 415-377-0274
Facsimile: 415-759-0977
E-mail: cpldave@attglobal.net

Davis R. Schwartz
Senior Principal

Dear Mr. Maltzer:

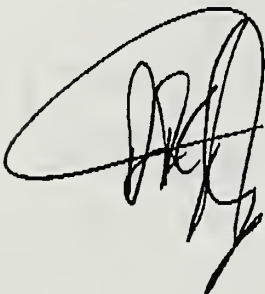
I am Treasurer of the Board of Directors of the Dewey Circle Beautification Project (DCBP), a non-profit group that has been involved in addressing traffic issues on both ends of Dewey Boulevard – the traffic signalization improvements on the north end as well as development and maintenance of the traffic circle on the south end – for more than eight years.

Last night, I attended an informational presentation on the Draft Environmental Impact Report on the Laguna Honda Replacement Program. On behalf of the DCBP Board of Governors, I am writing to register both some positive and negative comments on the proposed project:

- 98
1. We are very pleased with the proposed ingress and egress road off Woodside Avenue to be shared by the Hospital and the Youth Guidance Center. As a signalized intersection, the proposed road should reduce traffic backups on both Woodside Avenue as well as Seventh Avenue caused by the current egress of all traffic at the Hospital's main driveway.
 - 45
 - 47
 3. We are very opposed to the idea of construction trucks hauling materials on Dewey Boulevard for two reasons. One, there are potential safety problems at Dewey Circle, where there is already considerable traffic associated with the drop-off and pick-up of children at West Portal Elementary School; loaded construction trucks don't exactly stop on a dime even when there is a crossing guard. Two, Dewey Boulevard was not constructed for heavy truck traffic. We are already experiencing (a) cracking in the roadway and (b) subsidence of our sidewalks and boulevards due to the inappropriate use of Dewey Boulevard by Muni buses and Safeway trucks. We are trying to get such heavy vehicles off Dewey Boulevard; we are not looking for heavy construction trucks to exacerbate the existing problems.

If you need more information, please contact me at (415) 759-9150.

Sincerely,



**SIERRA CLUB
SAN FRANCISCO GROUP**

85 Second Street, Box SFG, San Francisco, CA 94105

December 21, 2001

Paul Maltzer, Environmental Review Officer
Planning Department
1660 Mission Street, Suite 500 FAX 558-5991
San Francisco CA 94103-2414

Re: Laguna Honda - 2000.005E

Dear Mr. Maltzer,

The Sierra Club has the following responses to the transportation section of the subject Environmental Impact Report:

41 The study gives the total employment on site but it should list the number of employees on site during each shift along with information on the hospital's staggered arrival policy which can determine the use of transit and parking.

43 On Page 3.2-15 Paragraph D1(c) Parking states in part: " Policies in the San Francisco General Plan emphasize the importance of public transit use and discourage the provision of facilities that encourage automobile use." The EIR also includes a paragraph explaining how a "shortfall" in parking supply will have only minor environmental impacts. However the transportation analysis proceeds assuming that nearly all "necessary" free parking will be provided after a survey that shows that almost all of the existing parking was occupied. The EIR should have included an alternative of only providing the employee and visitor parking required by the planning code - 294 spaces rather than the 655 spaces proposed. This should not require any change to the provisions for off-street loading.

44 This analysis should include some system similar to parking cash out which is mandated by state law for all employers of more 50 people, who pay for parking which they then provide at no cost to employees. They are required to offer employees cash instead of free parking and studies show that this has resulted in increased car pooling and transit use. Parking cash out applies to new construction which would construct employee parking. The proposed parking lots have the obvious costs of construction, maintenance and lighting. There are also hidden costs for the land which would have been better used as open space which could provide health benefits for the residents and neighbors.

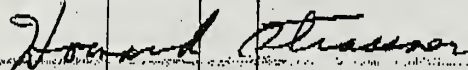
We suggest a parking system which: a) Provides some parking for visitors, and occasional parking by employees, within the total provided, with hourly parking fees similar to other hospitals in the City; b) Provides a few spaces with lower parking fees for volunteers; c) Sells

monthly parking permits for employees at the market rate, similar to the proposal that the Planning Department is discussing for residential areas where the parking supply is limited; and d) Distributes of all of the revenue collected from b) and c) plus the reduction in the obvious costs of parking to the City, to all employees (based on shift worked) who do not obtain a parking permit.

44
To illustrate how our suggestion could work we estimate the following: 1) Total monthly income from 294 parking spaces based on approximately \$100 for each monthly day shift employee parking permit = \$ 29,400 a month per c) above; 2) Assume that 1) includes all other revenue per a) and b); 3) Add \$1.00 a day savings (based on BART's maintenance expense for surface parking lots) for the 361 spaces not provided = \$10,800 a month; 4) This totals \$40,200 a month; 5) Assume that this amount will be divided between 400 day shift employees (the EIR did not include sufficient information to determine this number) who don't obtain a permit = \$100 per employee per month. This is much more than the cost of a Fast Pass (which many employers provide their employees) and ample to induce many employees to car share and help their driver pay for parking. The monthly distributed share plus an employee's reduced automobile expenses will encourage transit use or car pooling even when an employee has to occasionally pay for parking per a) above. The market rate for swing shift will be much lower and the rate for graveyard may be zero.

The study and implementation of our proposed alternative is required by the Transportation Element of the General Code as listed on page 3.1-7. Policy 33.1 limits the provision of parking and 33.2 protects residential neighborhoods from parking impacts which is already provided for with the existing Residential Parking Permit system. In addition The Planning Department is beginning to reduce the required supply of parking for residential units and people will drive less. The EIR correctly shows that the hospital is well served by transit, within one block, and there is capacity for a few more riders per transit vehicle while a reduction in auto use will reduce the queuing which delays buses.

Very truly yours,



Howard Strassner, Chair Transportation Committee
419 Vicente, San Francisco CA 94116, 661-8786, (h,w,fx)
email: rthow@juno.com

PS: Please send the signer a copy of the Final EIR

George Wooding
11 Dellbrook Avenue
San Francisco, California 94131
Home: (415) 695-1393
Work: (415) 731-4044
Cell: (415) 269-4982
Fax: (415) 282-8010
e-mail: mother_ed@bigeds.com

January 10, 2002

Mr. Paul Maltzer
Environmental Review Officer
San Francisco Planning Department
1660 Mission Street, Suite 500
San Francisco, CA 94103

RE: Draft Environmental Impact Report for Laguna Honda Hospital Replacement

Dear Mr. Maltzer,

This letter is in response to the EIR that was published on December 1, 2001 for the Laguna Honda Hospital Replacement. Specifically, I would like to comment on the satellite dish complex and the existing medical waste dump which is currently located on the Laguna Honda property (assessor's block 2842, Lot #7).

The Satellite Dish Complex:

9 The draft EIR is misleading the public as to the true nature and function of the satellite dish complex. The satellite dish complex is owned by AT&T. AT&T has a contractual arrangement with the City of San Francisco to have their satellite dishes placed on Laguna Honda property. In essence, AT&T is a tenant and San Francisco/Laguna Honda Hospital is the landlord. On page 2.0-9, section E2 of the draft EIR states the following:

"Proposed new construction would include hospital buildings and associated support facilities, an assisted living facility, and parking lots. The new hospital buildings would consist of the Greenhouse Building, Clarendon Hill West, Clarendon Hill East, and the Link Building. The associated support facilities would include a boiler and power plant, an underground fuel storage tank, a fuelling station, a satellite dish, and loading docks."

The EIR is telling the public that the satellite dish complex is a necessary support facility for Laguna Honda Hospital. In the language of the EIR the satellite dish complex is as vital to the operation of Laguna Honda Hospital as power plants, boilers and loading docks. In truth, the satellite complex does not provide any operating support to the functioning of Laguna Honda Hospital. The current three (3) satellite dishes at Laguna Honda Hospital are "Television Receive Only" (TVRO) satellite dishes. TVRO satellite dishes only receive signals; they do not broadcast signals. I would like the EIR to 1) reflect the true nature of the relationship between AT&T and Laguna Honda Hospital and 2) state that the satellite dish complex is separate and unique from the operation of Laguna Honda Hospital.

9 Although the draft EIR does mention the current three TVRO satellite dishes, it does not describe what equipment will be placed at the new location. The EIR should state specifically 1) what communication equipment will be placed at the new site, 2) the dimensions of any new or old antennas or satellite dishes and 3) what, if any, new communication equipment might or could be added under the current terms of the agreement between AT&T and the city of San Francisco.

Section 3.3 of the EIR titled "Visual Quality" focuses on visual changes in the context of alteration or obstruction of scenic views from public areas, tree removal, and the introduction and change of light sources. The EIR examines the impact of the proposed hospital design and goes to great lengths to show that the new design will have a small or limited impact on local viewpoints. The EIR does not study, examine or mention the impact of placing three forty-foot high satellite dishes on the top of a ridge overlooking a neighborhood. These three satellite dishes will have a great impact on "visual quality" as they loom over the Midtown Terrace neighborhood. I would like the EIR to examine the "visual quality and sight lines" of the planned relocation site for the satellite dish complex. This study should be conducted before the site is relocated.

Laguna Honda Hospitals "open space" should not be decreased for a non-essential facility such as the satellite dish complex. As can be seen on figure 2.0-4, the proposed site plan, the satellite dish complex will compromise approximately 3 - 4% of the projects existing open space. The reduction of Laguna Honda open space would be unnecessary if the project would simply relocate the satellite dish complex to a new location either on or off of the Laguna Honda Hospital site.

7 The EIR should state the impact of the satellite dish complex as it relates to open space and explain why the public should sacrifice so much open space for a non-essential facility.

↑ The current location of the satellite dish complex is approximately 300+ feet from Dellbrook Avenue homes. The proposed relocation site is no more than 80 feet from the nearest Dellbrook Avenue Home. The ridge below the proposed new site location is extremely steep and may be weakened by the construction and weight of the satellite dish complex. Over the last five years, the soil above the Youth Guidance Center has been shifting and moving. Homes on Panorama Street are beginning to suffer from cracks caused by these soil shifts. A study examining the strength of the Dellbrook hillside should be conducted. If the hillside is found to be impacted by the satellite dish complex, the complex should either be relocated to another site and/or the Dellbrook hillside must be reinforced.

The Laguna Honda Hospital medical waste dump

27 There is an existing medical waste dump on the Laguna Honda site that has not been mentioned in the draft EIR. The dumpsite appears to be old and is partially covered with blackberry vines. A site inspection will show large fields of glass bottles, medicine bottles, bedpans and a tremendous assortment of related hospital waste. The dump is extensive and appears in some places to be very deep. The dump is spread out from the top of the hill that borders the Clarendon Hills West, the Clarendon Hills East building and continues along the Clarendon West parking lot (see diagram). The dump continues down into the valley located between Clarendon Avenue and Clarendon Hill and goes into a dry riverbed.

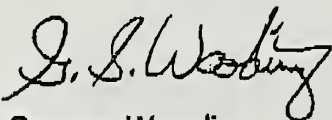
The draft EIR is incorrect when it states on page 3.6-8 "Furthermore, there are no past, present, or reasonably foreseeable future projects in the project vicinity that are anticipated to result in impacts associated with hazardous building materials or soil and groundwater contamination that could affect the project site." The existing medical waste dump adjacent to the project could easily have a cumulative impact on hazardous building materials, soil and groundwater contamination. The EIR must consider the environmental hazards represented by the old medical waste dump.

The medical waste dump must be subject to the same mitigation rules that govern the entire Laguna Honda site for the following reasons:

- 67
1. Although boundary modifications between the 80-D and open spaces districts have not been determined, I believe that at least part of the old medical dump will fall inside the project boundaries.
 2. Some of the aggregate from demolished buildings will probably come into contact with the medical dumpsite.
 3. As the EIR states in section 3.6-7-E4, "There is also a possibility of encountering contamination in areas not previously suspected to be contaminated. Disturbance of contaminated areas could expose construction workers, employees, residents, or visitors to these substances, which could result in adverse health effects if exposure were of sufficient quantities."
 4. Good sense dictates that public "open spaces" should not be left in a contaminated state. What good is "open space" that the public cannot visit or use safely?

Thank you in advance for your consideration regarding the satellite dish complex and the medical waste dump. Should you have any questions or need further information, please don't hesitate to contact me. I look forward to a well-managed and safe demolition and reconstruction of Laguna Honda Hospital.

Sincerely,



George Wooding
11 Dellbrook Avenue

FOREST HILL ASSOCIATION

381 Magellan Avenue
San Francisco, CA 94116
(415) 664-0542

January 11, 2002

Paul Maltzer
Environmental Review Officer
San Francisco Planning Department
1660 Mission Street, Suite 500
San Francisco, CA 94103

The Forest Hill Association, a residential homeowners association of some 670 single family residences adjacent to Laguna Honda Hospital at its western border, submits the following comments on the Draft EIR for the Laguna Honda Hospital Replacement Project (2000.005E).

47 As an adjacent residential district, the Forest Hill Association is essentially concerned with the external environmental and traffic effects of the Replacement Project, both during the prolonged anticipated demolition and construction and upon completion.

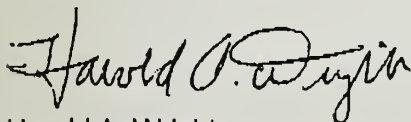
47 1. **Section 3.2 Transportation Circulation, and Parking**

The EIR should more thoroughly examine the traffic and parking impacts which will occur at different stages during the planned eight years of construction.

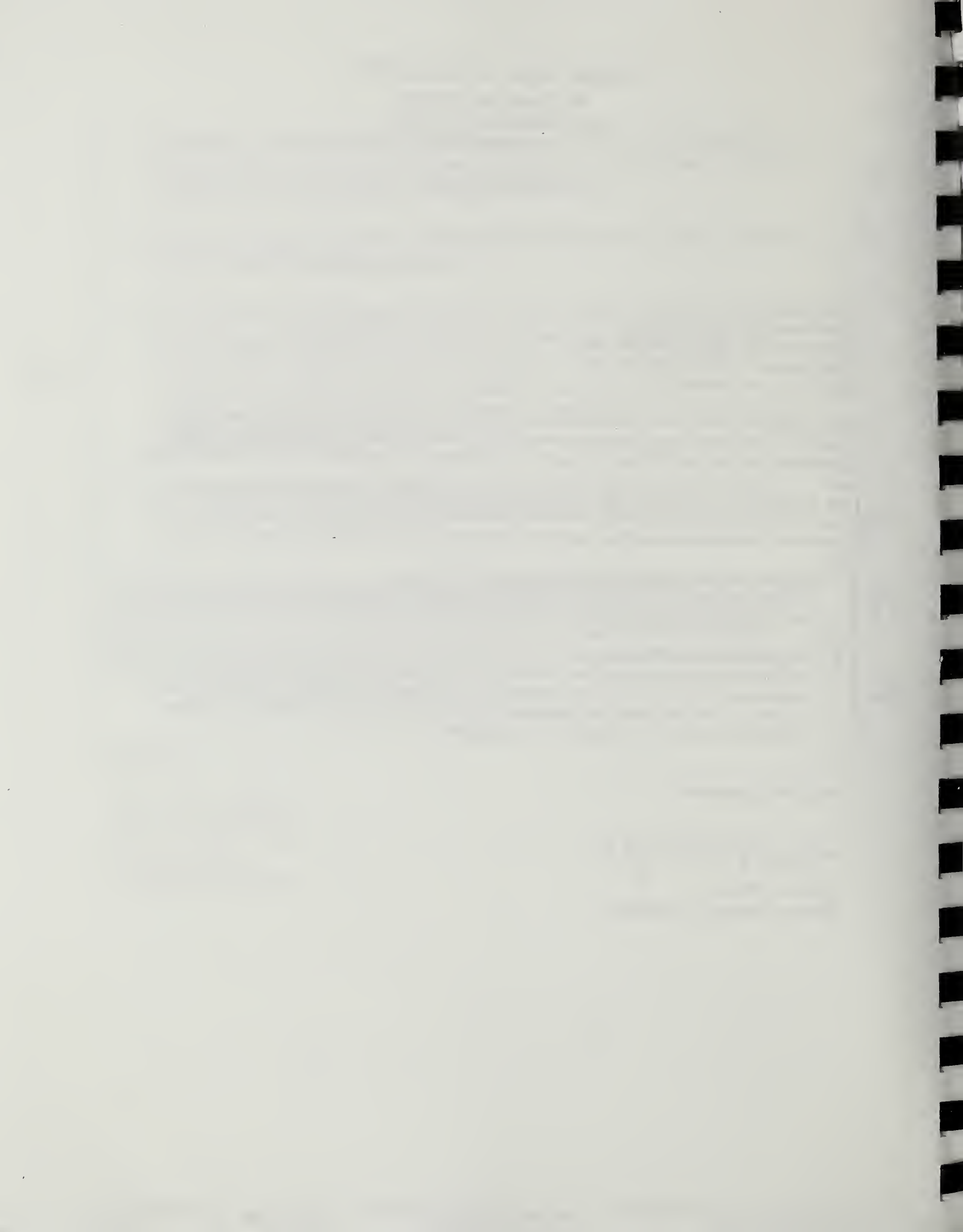
56 2. **Section 3.3 Visual Quality**

The precise extent of tree removal should be determined and mitigation in the form of replacement planting should be considered. A site survey plan should indicate all trees to be removed and all trees to be preserved. Without such a plan the analysis of the tree removal provided in the Draft EIR is meaningless.

Respectfully submitted,



Harold A. Wright
Director, Forest Hill Association



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1 CITY PLANNING COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

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5 LAGUNA HONDA HOSPITAL)
REPLACEMENT,)
6 Public Hearing on Draft) No. 2000.005E
Environmental Impact Report)
7)
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Thursday, January 10, 2002
3:48 P.M.
Commission Chambers
Room 400
City Hall
San Francisco, California

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24 REPORTED BY: ALENE D. WEIR
CSR #7587

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1 CITY PLANNING COMMISSIONERS PRESENT

2 Anita Theoharis, President
3 William W. Fay, Vice President
4 Roslyn Baltimore
5 Hector Chinchilla
6 Cynthia Joe
7 Myrna Lim
8 Jim Salinas, Sr.
9

10 ALSO PRESENT
11 Gerald G. Green, Director of Planning
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9	Richard Parrino	21
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11	Eileen Fanelli	24
12	Deborah Wald	27
13	John Paul	30
14	Father Sarkis Petoyan	33
15	*Solange Girard-Bird	34
16	(*Reporter's note: Phonetic spelling. She refused to give the spelling of her name to reporter)	

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1 JANUARY 10, 2002 3:48 P.M.
2 --oOo--
3 SECRETARY AVERY: The Planning Commission is
4 back in session.
5 Commissioners -- as soon as I find my
6 calendar -- we are now on Item No. 12, Case No.
7 2000.005E, 375 Laguna Honda Boulevard, Laguna Honda
8 Hospital Replacement. This is a public hearing on
9 the draft environmental impact report.
10 MS. GIBSON: Good afternoon, President
11 Theoharis, Members of the Commission. I'm Lisa
12 Gibson of the Planning Department staff.
13 The purpose of the hearing is to receive
14 comments on the draft of the environmental impact
15 report for the Laguna Honda Hospital Replacement
16 Project, Case No. 2000.005E.
17 Staff is not here to answer comments today.
18 Comments will be transcribed and responded to in
19 writing in a Comments and Responses document which
20 will respond to all verbal and written comments
21 received and will make revisions~~provisions~~ to the draft
22 environmental impact report as appropriate.
23 This is not a hearing to consider approval
24 or disapproval of the project. That hearing will
25 follow the final environmental impact report

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1 certification. Comments today should be directed to
2 the adequacy and accuracy of information contained in
3 the draft of the environmental impact report.

4 Commentors should speak slowly and clearly
5 so that the court reporter can produce an accurate
6 transcript. Also commentors should state their name
7 and address so that they can be properly identified
8 and so that they can receive a copy of the comments
9 and responses document when it's completed.

10 After comments from the general public, we
11 will also take any comments on the draft EIR by the
12 Planning Commission. The public comment period for
13 this project began on December 1st, 2001 and extends
14 until 5:00 p.m. Wednesday, January 16th, 2002.

15 This concludes the presentation on this
16 matter. And unless the Commission members have any
17 questions, I would suggest that the public hearing be
18 opened.

19 PRESIDENT THEOHARIS: Thank you.

20 If you hear your name, could you come and
21 sit towards the front of the room.

22 John Balestreri. Where is Katie
23 Balestreri?

24 Okay. Mr. Balestreri.

25 MR. BALESTRERI: Good afternoon,

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1 Commissioners. My name is John Balestreri. I live
2 at 241 Montalvo, San Francisco, 94116. I'm the
3 director of the board of directors of the Forest Hill
4 Association, which represents 670 homeowners.

5 We sent you a letter and you were kind
6 enough to include it in the draft. And most issues
7 have been covered, except for the construction
8 traffic. We are concerned that there will be
9 construction traffic coming from Portola from the
10 south, down Claremont and up to Dewey -- down two
11 blocks to Dewey. There's also West Portal school at
12 Dewey; and there are crosswalks and children there
13 every day, five days a week.

14 We understand that there will be some
15 construction traffic coming through there during the
16 Youth Guidance Center reconstruction. So that
17 probably will give us 10 years of very dangerous
18 traffic in our neighborhood. We have a problem with
19 Safeway trucks coming through and buses that dead end
20 at the end of the day, in the evening, and they're
21 not supposed to come through. The street has become a
22 very busy, dangerous street. And we're very
23 concerned about that.

24 And I understand that the construction
25 traffic hasn't been set yet, so we would like to know

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1 how to approach that problem, both coming from the
2 north and from the south.

3 And once again, thank you for including our
4 letter and most of our concerns have been answered.
5 And I thank you for the time.

6 PRESIDENT THEOHARIS: Thank you.

7 Katie Balestreri. And then where is
8 Nancy Rosellini? Not here?

9 Okay. Go ahead, please.

10 MS. BALESTRERI: Good afternoon,
11 Commissioners. My name is Katie Balestreri, and I
12 live at 241 Montalvo Avenue in San Francisco, which
13 is just down the street from Laguna Honda Hospital at
14 the corner of Dewey Boulevard and Montalvo, right on
15 the Dewey Circle. I am also a board member of the
16 Dewey Circle Beautification Project. That project
17 was last year the recipient of an award from San
18 Francisco Beautiful. Together with other board
19 members, neighbors, and supporters we've worked hard
20 to enhance the beauty in our neighborhood and the
21 quality of life there.

22 It's my understanding that the current plan
23 shows that construction vehicles will approach Laguna
24 Honda Hospital and that project by turning off
25 (sounds like) Brook Boulevard at Claremont Boulevard

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1 and then head up towards the Dewey Circle and towards
2 the hospital. And as my husband alluded just prior,
3 there is the West Portal Elementary School there and
4 lots of foot traffic and a neighborhood field.

5 I'm concerned, and all of us are, about the
6 heavy trucks that move through -- would be moving
7 through this residential neighborhood. As an easy
47 8 alternative I would like to propose that the trucks
9 come from the southwest continuing on Portola Drive
10 and then turning at Woodside to access Laguna Honda
11 Hospital that way.

12 If they are unable to make that sharp turn
13 into Laguna Honda Hospital from that approach, I
14 would recommend that instead they go down 19th
15 Avenue, turn up Lincoln Boulevard, and then on 7th
16 Avenue, and then they can easily make a left-hand
17 turn into the hospital.

18 I would like to propose those alternatives
19 for your review and in order to keep the residential
20 neighborhood and quality of life in the West
21 Portal/Forest Hills area. Thank you.

22 PRESIDENT THEOHARIS: Thank you.

23 Nancy, are you here? No? Okay.

24 Eileen Fanelli. Is Eileen here? Okay.

25 And where is Ann Wharton? Ann, if you could come and

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1 sit more towards the front, I'd appreciate it.

2 MS. FANELLI: My name is Eileen Fanelli. I
3 live at 51 Idora, and am a member of the St. John/St.
4 Brendan's local organizing committee.

5 We sort of had a sequence here, and I was
6 supposed to go last. So I'm going to try to phrase
7 this and what you'll see is that --

8 PRESIDENT THEOHARIS: Well just one minute.
9 I don't have to call these cards -- if you know who
10 your speakers are.

11 MS. FANELLI: Yes, we do.

12 PRESIDENT THEOHARIS: Okay. Well why don't
13 we start again. Just come on up, the speakers who
14 were going to speak in a certain order and then I can
15 just pull the cards. I don't want to deprive

16 anyone.
17 MS. FANELLI: We would appreciate that.
18 PRESIDENT THEOHARIS: Next time number
19 them.
20 MS. FANELLI: We'll do that.
21 PRESIDENT THEOHARIS: Go ahead, sir, and
22 I'll find your card.
23 MR. RIDGWAY: My name is Roger Ridgway. I'm
24 the pastor at St. John's Unified Church of Christ.
25 Our church is on the corner of Laguna Honda Boulevard
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1 and Woodside Avenue, right across from Laguna Honda
2 Hospital.

3 St. John's, and St. Brendan's as well now,
4 are part of the San Francisco organizing project.
5 And we have, what Eileen just referred to, is our
6 local organizing committee, members of these
7 congregations and neighbors.

8 On March 24th, 1999 we had an action
9 meeting where 200 members and neighbors sat with
10 Mr. Anthony Wagner, Director of the Community Health
11 Network; City Attorney Louise Renne;
12 and Mayor Willie L. Brown, Jr.

13 And at that meeting they signed this
14 covenant pledging their support for the items on this
15 list. And there's two items that I want to highlight
16 here, are Input and Access. You see they all signed
17 it. They promised us that our neighborhood
18 organization would have input during the planning
19 process and construction. And they promised us that
20 the new design would promote greater access of the
21 patients to the outside world and the outside world
22 to the Laguna Honda campus. More openness, less
23 isolation, a more gracious integration of this large
24 institution with our neighborhood.

25 I was appointed to the commission that

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1 developed the bond measure where the project was
2 defined to include the areas appurtenant to or which
3 provide access to such new facility or facilities.

4 Our local organizing ~~committee~~ community worked
5 enthusiastically in support of the \$299 million bond
6 measure. We do not oppose the project. I know
7 that's not relevant here, but just to say that we
8 have worked, through our member congregations, to
9 pass the bond measure. And I claim some credit for
10 the 73 percent majority.

11 Since the passage of the bond we have had
12 numerous invitations to sessions at Laguna Honda
13 Hospital and people who are taking the lead on the
14 Laguna Honda replacement project have come to
15 St. John's and met with our research group on
16 numerous occasions. But there's still a question of
17 how serious our input has been taken.

18 A letter written to Ms. Lisa Gibson of the
19 Planning Department on July 2nd, 2000, in which we
20 spelled out in some detail our concern about the
21 initial study was not included in the draft EIR. And

to
to
review.
As
comment needs
to be added to Comment 90

90 22 another e-mail communication was also omitted. We've
23 not been satisfied with plans which have been
24 presented so far to open up access to the institution
25 and to make sure that negative traffic impacts are

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1 mitigated. Of course, those conversations are still
2 going on.

3 We've taken the lead in putting together a
4 \$75,000 Transportation for Liveable Communities
5 Planning grant proposal to the Metropolitan
6 Transportation Commission. That's an expression of
7 our willingness to contribute to a successful
8 planning effort.

39 9 But we believe that the failure to include
10 these issues of access and the trafficking in our
11 neighborhood in this draft EIR is not only a betrayal
12 of the promises we received from the city at this
13 meeting, but also a flaw in the report which should
14 be corrected simply on the basis of the norms of
15 responsible planning.

16 Thank you.

17 PRESIDENT THEOHARIS: Thank you.

18 Next speaker.

19 MR. BURBANK: Thank you. My name is Gene Jim

20 Burbank. I live at 18 Idora, and I've been a resident
21 of the area for 25 years, in San Francisco for over
22 50. And my concerns today are twofold, and they are
23 more omissions than a problem with the environmental
24 report per se.

25 The first has to do with traffic. The

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1 areas of the report that deal with traffic tend to
2 focus on parking, which is important to all of us in
3 the triangle community between Woodside and Laguna
4 Honda and the greater Forest Hill extension area.

37 5 But there is also a question of traffic
6 changes, traffic pattern changes, that are going to
7 be caused by the projected light and the increased
8 traffic. The report talks about traffic not being
9 materially changed because the parking spaces and the
10 number of people and so forth. It omits the number
11 of construction workers and the truck traffic that's
12 moving back and forth.

13 The point I would like to make about the
14 traffic changes is that this whole area has very
15 small streets. It's family oriented. There are
16 children and schools in the area. And the way it
17 happens now, for example on Dewey Drive, when traffic
18 begins to back up because of a light change or the
19 volume of traffic, the cars move onto Merced and move
20 through there at a very high rate of speed. We are
21 afraid that lights changing in the Woodside area are
22 also going to cause that same type of traffic to
23 divert through the area. And that really hasn't been
24 addressed in the environmental impact report.

25 The other thing that I would like to talk

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1 about is the fact that the project is poorly

2 described. There are no details on the construction
3 schedule, staging areas for construction equipment,
4 what materials and what quantities will be used, how
5 concrete will be brought to the site, how disabled
6 access to and from the site will be provided, how
7 work will be sequenced. This leaves the project
8 element so wide open that it is difficult to assess
9 the project impacts.

10 The project scope states it is one of the
11 -- one of its elements is the beautification of the
12 campus. Right now you have an institution that is
13 surrounded by walls. In some cases very large walls
14 on Woodside. To reflect the bond measure and the
15 concerns of the public, the project scope should
16 state as one of its elements integration of the
17 institutional scale of the campus with a surrounding
18 residential scale making the area more accessible to
19 the community and to the residents of Laguna Honda
20 moving off the campus site and onto the surrounding
21 community.

22 The EIR never mentions integration of the
23 project with the surrounding community. The EIR only
24 mentions beautification when it addresses the view of
25 Twin Peaks Park. It fails to mention integration and

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1 beautification as it relates to improved access.
2 Specifically the EIR does not address the 16 -- six
3 to 17 foot concrete graffiti wall along Woodside or
4 the four-foot concrete wall along Laguna Honda,
5 although these two features are physical and
6 psychological barriers to the access to the hospital
7 and to the main streets surrounding the hospital.

8 The failure to address site access as a
9 primary method of integrating this project with the
10 surrounding community is a glaring omission of the
11 EIR, and this omission should be corrected.

12 PRESIDENT THEOHARIS: Thank you. What was
13 your name again, sir?

14 MR. BURBANK: My name is Eugene Burbank.

15 PRESIDENT THEOHARIS: Thank you.

16 Next speaker.

17 MS. SAPIRO: Hello. My name is Cornelia
18 Sapiro, and I have lived at 30 Balceta since 1976.
19 I'm also a member of the St. John's and St. Brendan's
20 local organizing committee.

21 My concerns are how the draft EIR does not
22 effectively deal with traffic issues. Specifically
23 the proposed traffic signal at a driveway which will
24 serve both Laguna Honda and the Youth Guidance Center
25 at the intersection of Idora and Woodside.

35
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1 The EIR does not describe the proposed
2 signal, traffic lanes, street medians, and the impact
3 on the neighborhood. It does not explain how the new
4 light will alleviate severe traffic backups during
5 peak periods at Laguna Honda Hospital. It does not
6 explain how the signal will prevent backups onto
7 Woodside nor on adjacent residential streets.

35
8 Traffic headed east on Woodside toward
9 Portola already backs up. The proposed signals at
10 Idora and the one on Hernandez will increase the
11 backups and force still more cars to turn onto
12 Balceta and Hernandez to gain access to Laguna Honda
13 Boulevard and streets to the south. These streets
14 are narrow and have many children living on them.

15 There is no description in the draft EIR of
16 significant or meaningful deterrents to the use of
17 these streets to gain access to Laguna Honda. There
18 is also no clear explanation of how the new driveway
19 and signal at Idora and Woodside will prevent cars
20 that are exiting the driveway from crossing Woodside
21 and using Idora to also cross over to Laguna Honda
22 Boulevard.

23 Our concern is that the EIR must address
24 these major traffic issues before the construction of
25 the new signal and driveway on Woodside at Idora.

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1 Thank you very much.

2 PRESIDENT THEOHARIS: Thank you.

3 Next speaker.

4 MR. SUACCI: Good afternoon. My name is
5 Steve Suacci, and I'm also a member of
6 (unintelligible) and a longtime resident of the
7 neighborhood. My address is 121 Balceta Avenue,
8 94127. I'm also past president of the Greater West
9 Portal Neighborhood Association.

10 And the elements that I'd like to address
11 today particularly involve the transportation,
12 circulation, and parking elements of the EIR and the
13 impact of the construction project on neighborhood
14 parking.

15 Specifically the EIR states that unmet
16 parking demand can be met partially on site and also
17 in part on neighborhood arterials. Specifically
18 Woodside Avenue, Laguna Honda Boulevard, and
19 Clarendon Avenue.

40
20 Woodside Avenue right now has parking on
21 portions of it, some of which is now going to be
22 reserved by the Youth Guidance for their construction
23 or once that project starts. So that arterial will
24 become essentially useless. Other parts of it do not
25 have any parking on it, specifically because they are

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1 traffic lanes. So it's really a misnomer to say
2 there's available parking on the nearby arterial of
3 Woodside.

4 On Laguna Honda Boulevard there is some
5 parking down by the Forest Hill Christian Church,
6 although parking on the north side of the street has
7 been taken away. The city, after they completed the
8 pump station for the reservoir, they put in a bicycle
9 lane. So that is also gone.

10 On Clarendon Avenue there is space for
11 overflow parking, but it is rather limited when you
12 look at the number of spaces that may be needed by
13 workers as well as staff who currently use some of

14 the Woodside Avenue parking. That's going to be
15 taken away. It's by YGC.

16 In addition the EIR states that a remote
17 parking facility will be identified for workers and
18 staff. I'd like to ask where that will be in San
19 Francisco. Where is this spare land; where is this
20 spare parking? Maybe San Bruno. I don't know.
21 Maybe they can find some down there.

22 It also suggests that workers on the
23 project will -- a portion of them car pool or use
24 transit. I have yet to see construction people haul
25 their tools in on transit or even car pool. I think

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1 they all come by truck.

2 Another element: The parking study area is
3 flawed. It includes Pacheco Street, all the way up to
4 the 9th and Pacheco entrance to Forest Hill as a
5 possible site for parking overflow. Anyone familiar
6 with the topography of Forest Hill knows that no one
7 is going to park on Pacheco and walk down to Laguna
8 Honda.

9 Ironically the parking study area does not
10 include Idora or Ulloa Streets, which are directly
11 across from the Youth Guidance Center and Laguna
12 Honda Hospital. So I think that needs to be
13 rethought.

14 I also just want to echo something
15 Ms. Balestreri commented on: Regional access
16 routes. She is right. I mean, Dewey Boulevard
17 can't handle the traffic. And in the EIR it
18 suggested that really trucks coming from the south
19 will use 280 and exit at San Jose Avenue.

20 Well if anyone has ever tried to negotiate
21 that exit on San Jose, take that hard right to get to
22 Bozworth to Oshaughnessy, I challenge a large truck
23 to do it without running into something. So I think
24 traffic originating from the south won't be able to
25 use 280 as the EIR states and that they will be

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1 forced to divert themselves onto Portola, Claremont,
2 and then onto Dewey.

3 From the east it's suggested that they can
4 use 280 and exit Monterey Boulevard and come up
5 Oshaughnessy, but I also challenge them to take
6 Monterey and hang the hard right and go past the Glen
7 Park BART station. That's a traffic nightmare to
8 begin with.

9 So I suggest that what they're probably
10 going to do in the near future will be using the Fell
11 Street offramp on 101, but that's later to be
12 demolished while they're rebuilding Octavia
13 Boulevard.

14 So what I'm asking is that the EIR in its
15 final draft really articulate exactly what routes the
16 construction people and the large trucks should take,
17 because right now the alternatives that are discussed
18 really aren't realistic. And as anyone who resides
19 west of Twin Peaks, including Commissioner Theoharis,

20 knows if you get lost, you can end up on some very
21 tiny streets that lead you in circles. And we really
22 would prefer the trucks and drivers not be forced to
23 do that.

24 In addition, the last element is that they
25 show trucks leaving the project using 7th Avenue

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1 going to Lincoln Way to access 19th Avenue. You
2 cannot take a left-hand turn on 7th Avenue. So what
3 they're going to be forced to do is to turn left at
4 Irving/Judah, which doesn't have a signal for left
5 turns. And Irving and Judah are both transit
6 thoroughfares.

7 PRESIDENT THEOHARIS: Thank you. Your time
8 is up.

9 Some of these cards got a little mixed up
10 because folks wanted to get in. So anyone who wants
11 to speak who hasn't spoken, please come up. And make
12 sure you state your name for the record.

13 MR. PARRINO: Good afternoon, ladies and
14 gentlemen. My name is Richard Parrino. I am also
15 part of the St. John's/St. Brendan's organizing
16 committee. I live at 53 Idora, right across the
17 street from the Laguna Honda project.

18 Today I'd like to address the major
19 construction impact issues mentioned in the draft EIR
20 as directly affecting the surrounding neighbors. The
21 two major issues are that of construction vehicles
22 and also the excavation process.

23 Under the Transportation and Circulation
24 and Parking section, and based on the preliminary
25 construction plans, quote: Truck traffic will range

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1 from average of seven trucks per day to a peak of 15
2 trucks.

3 Our preliminary analysis breakdown is as
4 follows: The general contractor and supervisory
5 vehicles would range from approximately 20 to 30
6 vehicles. This consists of half-ton to one-ton
7 trucks. Now if there was a concrete pour during this
8 time of approximately 200 to 300 yards, that would
9 mean 25 to 40 Ready-Mix trucks, eight yard trucks,
10 cycling in and out of Laguna Honda.

11 Now during another phase of the
12 construction and at the same time, though, but a
13 different phase, if there were architectural
14 construction going on, such as mechanical and
15 electrical interior finish-out work, that would
16 impose about another 50 construction vehicles. As
17 you can see this totals between 95 and 120, not 15.

18 In the same section it states that, quote:
19 During most phases of the construction, it is
20 anticipated that construction-related parking could
21 be accommodated within the project site. But during
22 the peak construction period, the contractor may need
23 to make arrangements at remote parking facilities off
24 site.

25 It also states that construction traffic

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1 affects would not be considered significant. We
2 consider the hundred-plus vehicles or trucks to be
3 very significant and would like restrictions imposed
4 on the contractor preventing any construction parking
5 or ushering of construction vehicles on the adjoining
6 streets.

7 Now under the Construction Noise it states,
8 quote: During all construction phases there will be
9 close coordination between the construction staff and
10 hospital staff.

11 There's no mention about the residents
12 here. We would like specific measures to keep the
13 community, the residents in the community, informed,
14 like maybe biweekly or monthly meetings.

15 Now under the Proposed Rate and Utility
16 Plan section there's a statement that says: Although
17 cut and fills would be balanced on site, trucks would
18 need to haul building materials to the campus.

19 We would like to see specific restrictions
20 on these grading operations that require on-site
21 cycling or hauling of the cut-and-fill material
22 within the site itself, not off the site.

23 Ladies and gentlemen, this is all about
24 safety and we would like these items implemented.
25 Thank you.

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1 PRESIDENT THEOHARIS: Thank you.

2 Next speaker.

3 MS. WHARTON: My name is Ann Wharton, and I
4 live at 62 Ulloa and I'm member of the San Francisco
5 local organizing project.

6 My concern is what's going to happen to all
7 of us when we also have Laguna Honda -- I mean also
8 have YGC being built and all of a sudden we have all
9 this construction. There's not going to be any room
10 for the neighbors.

11 PRESIDENT THEOHARIS: Next speaker.

12 Thank you.

13 MS. FANELLI: Okay. First, now last.

14 My name is Eileen Fanelli. I live at 51
15 Idora Avenue. We've lived in that house for about 11
16 years.

17 You have heard several members of our
18 community -- St. John/St. Brendan local organizing
19 committee -- and there are others here today as well
20 that are not speaking. I hope that you have -- and
21 in addition to our oral comments here we are going to
22 be submitting written comments.

23 I hope that what you have heard that is
24 most disconcerting to us after our concerted and
25 good-faith efforts to work collaboratively with

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1 Laguna Honda project teams in meetings that we have
2 held over the last year and a half is that the EIR
3 scope does not reflect the community's input on
4 project impacts ~~impasse~~.

5 The CEQA process is designed to ensure an

ok to reviewers: this comment needs to be
added to Comment 90.

90 6 open and inclusive planning process. The lack of a
7 public scoping meeting, the failure of the EIR to
8 reference St. John and St. Brendan local organizing
9 committee's written and verbal comments, and the
10 failure to provide a detailed description of the
11 project scope all violate the spirit and legal intent
12 of CEQA. The EIR is therefore incomplete, in
13 addition to being inaccurate in many areas.

5 14 The project description in particular is
15 incomplete. It must include integration of
16 institutional scale of the project with the
17 residential scale of the surrounding community. This
18 key project projection was required to meet the bond
19 commitment of improved access and to remove the
20 physical and psychological barrier between the
21 hospital and the neighborhood.

7 22 There must be a detailed description of the
23 project construction elements including ADA access
24 and material stations and concrete work and work
25 sequencing in a manner that we can evaluate its

00026 1 impacts, along with the cumulative impacts which are
2 not really addressed for the adjacent YGC
3 construction project.

47 4 Specific construction traffic routes must
5 be identified. Restrictive covenants on traffic,
6 parking, and cycling of trucks on neighborhood
7 streets must be put in place prior to issuing
8 building permits. Analysis of traffic impacts due to
9 the entrance off Idora should be completed. This has
10 been an item that many have spoken to and has been
11 something that we asked the project team to do for
12 several months as part of the scoping process.

13 The parking analysis must be expanded to
14 include Ulloa, Idora, and parts of Portola, as these
15 will be the closest streets to the new entrance and
16 light for access to the hospital.

26 17 Finally access must be addressed for
18 patients, volunteers, workers, and the neighborhood.
19 The EIR states that the project will not increase
20 pedestrian/bike traffic. I believe it's on page
21 1-5. But the EIR has got it wrong here. A prime
22 project objective was to increase pedestrian/bike
23 patient and worker access between the hospital and
24 the neighborhood.

00027 25 Not only the physical hospital plans, but
1 also the quality of the lives affected by the
2 hospital should be improved by this project.

3 Thank you very much.

4 PRESIDENT THEOHARIS: Thank you.

5 Next speaker, please.

64 6 MS. WALD: My name is Deborah Wald. I live
7 at 926 Dellbrook Avenue, which means I am the corner
8 lot that shares two -- two-fourths of my property
9 line is shared with Laguna Honda Hospital property.
10 That is I have two fence lines where they are
11 literally my neighbor. Therefore I'm very very

12 concerned about the actual construction process and
13 the impact it's going to have on the quality of life
14 of my family and my neighbors, all of whom are
15 homeowners in that neighborhood.

16 As I'm sure you all know, the neighborhood
17 did support Laguna Honda Hospital, the project to
18 rebuild Laguna Honda Hospital, and we come here in a
19 spirit of wanting to work together. However we have
20 some grave concerns about the noise issues and
21 particularly want to make sure that they are being
22 addressed with regard to the YGC construction and the
23 reservoir construction.

24 We have three major construction projects
25 going on in a quite small residential neighborhood

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1 simultaneously, and I have not heard the cumulative
2 impact of those three projects happening
3 simultaneously addressed anywhere.

4 The property of Laguna Honda Hospital is
5 truly a gem. It's a gem I very much appreciate. The
6 green space there cannot be replaced. I am deeply
7 concerned about the impact of the construction on the
8 green space that is there.

9 I found out last night, which particularly
10 concerns me, that there is a temporary power plant
11 that is planned to be put essentially in my
12 backyard. It could not be closer to the property
13 lines of the Dellbrook Avenue corner properties. And
14 it is not included in the environmental impact report
15 at all because it is only a temporary facility.

16 However "temporary" on a 10-year
17 construction project means it will be there until my
18 children are in college. That is not, to me,
19 "temporary."

20 Therefore I believe that there are a number
21 of similar situations that need to be addressed
22 regarding noise, regarding the amount of dust and
23 debris that will be created in our neighborhood, the
24 impact on the green space around our homes.

25 And I would like to see the full oversight

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1 process addressed more thoroughly in terms of there's
2 a huge project and the plan is not detailed enough to
3 make clear where the checks are on how it's going
4 along the way, where the oversight process happens to
5 make sure that there aren't budget shortfalls that
6 mean that things that are taken out that are supposed
7 to be rebuilt don't actually get rebuilt.

8 I assume there will be a hospital there at
9 the end of this process, but there are very ambitious
10 landscaping plans. I am deeply concerned that those
11 may not be fully implemented because of the economic
12 world that we live in. And so I'm concerned about
13 the oversight process and the ongoing checks along
14 the way and do not see a thorough process for that.

15 And as I said, I'm very concerned about --
16 I don't see an analysis anywhere of how this project
17 will interplay with the YGC and reservoir project in

70 18 terms of noise level; in terms of traffic; in terms
19 of, as I say, dust and debris. I know that there's
20 substantial hazardous waste on the site, in terms of
21 like paint and in terms of asbestos; and how our
22 neighborhood will be protected from this level of
23 construction all around us is a grave concern to me.

24 Thank you.

25 PRESIDENT THEOHARIS: Thank you.

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1 Next speaker.

2 MR. PAUL: My name is John Paul. I live at
3 160 Dellbrook. I also own property at 72 Dellbrook,
4 which has its backyard directly on the property. In
5 fact both of these properties do.

54 6 My concern is that the EIR does not divulge
7 or does not inform people of many things about this
8 particular project. It seems that first off there
9 are going to be seven-story monster towers. They are
10 going to be placed, in fact the institutional scale
11 of things, they are going to be placed not in a
12 valley but on top of the two hills behind this
13 property.

14 We understood originally that they were
15 going to be in the valley. Instead they are on top
16 of the hills, and they are then going to tower over
17 our houses. We have a residential scale. There are
18 two-story house as a general rule in the area. These
19 are monsters. They're going to be imposed on us. The
20 physical plan, okay, is going to be huge. Looking
21 down our streets, we're going to see these giant
22 buildings over the top of our houses.

23 The operational noise, it's going to make a
24 bowl. If you look at the shape of the way this is
25 going to be built, it focuses all the noise from

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63 1 generators, from any vehicles that drive, will be
2 reflected off the faces of the buildings towards the
3 hill. The sound also rises, which means it's going
4 to go right in the back of our houses as it does
5 now.

94 6 Laguna Honda has never been a good
7 neighbor. We fully and completely support the
8 replacement of the facility, but not in the manner
9 they are going to do it. The EIR does not address,
10 for example, the fact that the non-native species of
11 eucalyptus trees that are presently there are a fire
12 hazard. They have never cut those.

13 In asking last night about that, the trees
14 are such that they will fall and hit our houses.
15 That is called an act of God and we will not get any
16 reimbursement for that, and yet Laguna Honda does not
17 have the money to be able to eliminate those type of
18 things.

19 They are a non-native species. They've been
20 there for how long. Their leaves continue to block
21 our downspouts. They block our rain gutters. They
22 are acidic. They destroy our lawns. They blow on
23 our -- the branches fall off, tear our roofs. They

24 damage our houses.
25 They've been there for quite some time.

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1 They are a uniquely wonderful fire hazard, as was
2 proven in the East Bay. Absolutely nothing has been
3 done to mitigate that, and nothing is addressed in
4 the EIR to address that in any way.

5 As far as the other environmental impacts
6 here, as far as being a good neighbor, the noise that
7 they generate presently, they admitted last night
8 that the generators do not muffle the noises
9 presently but the new ones will. I disagree. I
10 don't think they will.

11 They also have a steam plant, the pressure
12 blow offs which will be done on a regular basis. The
13 noise -- in fact one gentleman admitted that he has
14 double-insulated windows on the back of his house and
15 they go right through the double-insulated windows.
16 The gentleman is also hard of hearing.

17 And so, I mean it's a problem where we have
18 this good neighbor aspect. They haven't been. We do
19 wish to have Laguna Honda replaced. We do like it
20 very much. It's a wonderful place. But the fact
21 that the traffic issues, the changes are not going to
22 mitigate traffic problems. It reduces access to our
23 houses. It stops our ability to get to and from and
24 it makes it extremely difficult to get in and out,
25 especially when three projects are going to be all

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1 going at the same time.

2 I think the EIR does not address our issues
3 and does not address the items that we brought to
4 their attention. That propane refueling station as
5 well is not addressed in any place in the EIR. And
6 yet that is going to be there for what? Something in
7 the neighborhood of 10 years. If you've ever seen
8 the explosion that takes place when a propane
9 refueling station goes up, it's not very nice. And
10 it's going to be right on this one woman's back
11 yard.

12 Thank you.

13 PRESIDENT THEOHARIS: Thank you.

14 Next speaker. Are there any other
15 speakers?

16 FATHER PETOYAN: Good afternoon. My name is
17 Father Sarkis Petoyan. I'm the pastor of St. John
18 Armenian Church, the other St. John church in the
19 area, 275 Olympia Way.

20 I wish to speak to just one item. The EIR
21 report dealing with Clarendon Hill east building.
22 That, as a previous speaker mentioned, is a
23 seven-story building. In effect it's built 50 feet
24 higher than anything on Olympia Way. Speaking
25 specifically of my parish.

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1 I don't think the EIR speaks to the shadow
2 effect of how that building may have a shadow upon my
3 parish, my church, or what it will look like from

55 4 Olympia Way and from the park across the street. If
5 you will, it's the back side of the Laguna Honda
6 Hospital project. My parish is 230 feet away from
7 that building. That building will sit 50 feet higher
8 than mine, my parish. We are worried about the
9 shadow and the sights of that building.

10 Other than that we support the project. We
11 believe in the project. It's a noble project. I
12 hope they save me one day. I'm sure I'll end up
13 there, as God wills it.

14 Other than that, I appreciate the time.

15 PRESIDENT THEOHARIS: Thank you.

16 Next speaker. Are there any other
17 speakers? Okay. I'm going to close the public
18 comments.

19 MS. GIRARD-BIRD: I am here to ask for your
20 advice, because I believe --

21 PRESIDENT THEOHARIS: Excuse me. Would you
22 give your name, please.

23 MS. GIRARD-BIRD: My name is (phonetic
24 spelling) Solange Girard hyphen Bird. And
25 (unintelligible) and you see I would like you to put

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1 yourselves in my place as you give me advice. The
2 property that we have is in one of the very most
3 desirable neighborhoods in San Francisco and has been
4 ever since we move in there over 40 years ago. I was
5 ever so grateful that my husband found this house.

6 Well right now if we sell we are going to
7 get a lot of money, a lot, a lot of money. We had a
8 recent appraisal and we were surprised how it has
9 grown in value. If we wait to sell it until the
10 project is going on, we know that the property value
11 will drop. There's no, no question that it will
12 drop. You see?

13 So if we move, my dilemma is as follows:
14 If we move out of there, my husband and I are in the
15 last years of this life on earth. He is unwell. Has
16 a very bad degree of some bone ailment, what you call
17 it, osteoporosis. And, you know, he's becoming more
18 and more disabled. If we stayed there he's going to
19 be greatly bothered by the situation. If we move
20 out, he's going to be also. I don't think he can
21 survive either move.

22 And this is why I am here to consult you on
23 this issue. If you were in my place, would you wait
24 to -- you see, I attended the meeting last night, as
25 I have attended every time that there is something

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1 going on regarding Laguna Honda. And it was a very
2 good meeting. Very harmonious. Everybody spoke
3 well.

4 And I would like to believe that the
5 promises of the people who conducted the meeting last
6 night, but I really don't know. I don't know. Where
7 are the guarantees, you know? It's going to be
8 disturbing no matter what. And the question is
9 this: Do we sell and move out? Do we wait until the

10 thing is in progress, trying to sell the house,
11 losing a lot of money.

12 Because right now that property, if we put
13 it on the market it would sell within four weeks
14 because it's a very nice place. Well cared for,
15 attractive, and the location and the street,
16 everything is all right about it. There are no
17 flaws. If I wait until the turmoil is on, people are
18 going to look at all of this.

19 I will listen to what you have to say. If
20 you were in my age, in my condition, and if you own
21 this property, what are the guarantees? Are there
22 any guarantees that the noise will not be so awful
23 (unintelligible). Will we, my husband and I, be able
24 to endure it. Because if we cannot endure and we
25 move, the price drops right away.

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1 PRESIDENT THEOHARIS: We aren't in a
2 position to answer questions. We only take testimony,
3 not have a dialogue. So we can't respond to you in
4 this process.

5 MS. GIRARD-BIRD: I deplore that you cannot,
6 because I trusted that you would because I have no
7 one to else to turn to. My family is in Europe. Who
8 should I consult? Can you tell me to whom should I
9 address this problem?

10 DIRECTOR GREEN: Maybe I can talk to her
11 separate from this item and explain what's going and
12 maybe give her some assistance.

13 MS. GIRARD-BIRD: I am grateful for that.
14 Where do I wait for you?

15 DIRECTOR GREEN: Why don't you wait for me
16 outside and I'll come out right now.

17 PRESIDENT THEOHARIS: That's very gracious
18 of you, Director Green.

19 MS. GIRARD-BIRD: Yes. I appreciate that.

20 PRESIDENT THEOHARIS: Okay. Next speaker.
21 Thank you, Director Green.

22 Next speaker. Are there any other speakers
23 to address the Commission with their comments?

24 Seeing none, I'm going to close the public comments.

25 Commissioners, your comments? Any comments,

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1 Commissioners?

2 My only comment, just for anyone who might
3 not know the full process, these comments will all be
4 addressed and answered in the final EIR. I thought
5 that the public brought up some very good points.
6 Especially I'm concerned about the alternative
7 routes, among other things.

8 But I appreciate the fact that this group
9 of folks obviously really read this document and
10 asked some very valid questions and spent the time to
11 do it, and I personally appreciate that. I live in
12 West Twin Peaks.

13 And anyone who wants to, as staff said,
14 if you would like to submit additional written
15 comments, you may do so until the close of business

16 on January 16. And your written comments should be
17 sent to San Francisco Planning Department, 1660
18 Mission Street, San Francisco, 94103. Thank you.
19 (Whereupon, the proceedings in the above
20 matter adjourned at 4:35 P.M.)

21 --oOo--
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1 I, ALENE DYER WEIR, do hereby certify that
2 the foregoing transcript was reported in shorthand at
3 the time and place therein stated. I further certify
4 that the foregoing is a full, true and accurate
5 transcription of the proceedings to the best of my
6 ability.

7 I further certify that I am not of counsel
8 or attorney for any of the parties named in said
9 action, nor in any way interested in the outcome of
10 the cause named in said caption.
11

12 Date:

ALENE D. WEIR, CSR #7587

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